AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		82-a2	
County Oredonet		Registration Dist. No.	11
Village or City Detersvilla	(I	NoSt.,Steath occurred in a hospital or institution, give its NAME instead of street acc	Ward
Length of residence in city or town where death occurr		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Madie Vin	rinia West	Lecker U.S. Veteran specify WAR.	
(a) Residence: No.		St Ward.	
	al place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female While ORDI	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH	
HUSBAND of Cor) WIFE of Sea A Alle A		22. HEREBY CERTIFY That attende	```
DATE OF BIRTH (month, day, and year) Feb 2	7 1866	I last saw half alive on Off 19.1	, 19 <i>.21</i> Z; death is sa
AGE Years Months Da	ys If LESS than I day,hrs.	to have occurred on the date stated above, at	
7/ 1 / 1	2 or min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onse
8. Trada, profession, or particular kind of work done, as SPINNER,	14 .5/4	A A A	Date of one
SAWYER, BOOKKEEPER, etc.	wyc	Irelia Jemonkas	2
work was done, as SILK MILE, SAW MILL, BANK, etc	~	//	als
this occupation (month and	Total time (years) spent in this occupation	V	
11 11	00.000000000000000000000000000000000000	Other Coutributory Causes of Importanca:	
(State or country)	/	Kt p T/	
13. NAME Variance Alaman	1.16	Hyplillurien	
13. WAWIE / MANGE / TOMM	LOX		
14. BIRTHPLACE (city or town) (State or country)	<i>N</i>	Name of operation Date of.	
		What test confirmed diagnosis? Was there as	
15. MAIDEN NAME OSocoy	nan	23. If death was due to external causes (VIOLENCE) fill in also the following	•
16. BIRTHPLACE (city or town)	av	Accident, suicida, or homicide? Data of injury	, 19
- (State of Country)		Whera did injury occur? (Specify city or town, county and S	tate)
INFORMANT & H MAPLE CHE	- f	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	
(Address) Peter boille Mo			
111. 1 7 000- 1	WK 13 1937	Manner of injury	
Place Manifold Date	, 190/_	Nature of injury	
UNDERTAKER 3173 4 6 (Address)	on for	24. Was disease or injury in any way related to occupation of deceased?	2
FILED OCL 12, 1937 MIS HIS	1 Dedas	(Signed). As I leave Shuay	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3	July 5,1927	Peritonitis	3 days ago
RUREAU V.S.			A CONTRACTOR
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Registration	Dist. No. /	40
No		St.,	Ward
death occurred in a hospital or institution ds. How long in U. S. if of A	on, give its NAM Mrs#n birth?	E instead of street	and number)
melael al	bong	Char	The same
1_St Ward.	0	100	tucan
Wald.	If nonresident	give city or town	and State
MEDICAL CE	RTIFICATE	OF DEAT	Н
21. DATE OF DEATH	2 ex	18	7
	(Month)	(Day)	(Yaar)
22. I HEREBY	CERTIF	Y, That I atten	ded decaased from
, I	9, to		, 19
I last saw h elive on	11	, 19	; death Is sald
to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH	//	es of importance	
were as follows:	and leigred Can?	es of importance	Date of onset
State and a	0.	lu	
grangero	non		
hangens	5°		
(1)			
Other Contributory Causes of Import	ance:		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Name of operation			
What test confirmed diagnosis?  23. If death was due to external cause			
Accident, suicide, or homicide		Date of Injury	
Where did Injury occur?		/	
Specify whether injury occurred in I	(Specify city or INDUSTRY, in HC	town, county and	State) PLACE.
Hom			•
Manner of injury			
Nature of injury			
24. Was disease or injury in any way	releted to occup	ation of deceased	ne
If so, specify	00)	100	
(Signed) (Olars		nocer	M. D.
(Address) Relimore Reviews	- Secre	V. TW	

Registrar.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i	Example II		
The principal cause of death and related cau of importance were as follows:	ises Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	027 1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 3	July 5,1927	Peritonitis	3 days ago	
714-	V. B. 1			
BUK				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

	- / - A T	STATE C	F MARY	LAND-	CERTIFICATE OF DEATH	10887
1	. PLACE OF D	EATH			23 " 1/2	
	County	Frederic	k,		Registration Dist. No	139
1	Village or City_	State Sa	natoriu	n, Md.	NoNodeath occurred in a hospital or institution, give its NAME, instead of	St., Ward
	Length of residence	in city or town where d	leath occurred3_	(It yrs4mos	death occurred in a hospital or institution, give its NAME, instead of the death occurred.	of street and number)
		May M.			If U. S. Veteran, specify WAR	
		vo. 3702 I			St., Ward. Baltimore, Man	
одания			(Usual place of	abode)	If nonresident give eity	or town and State
_		AND STATIST			MEDICAL CERTIFICATE OF D	EATH
	SEX 4.0	White	5. SINGLE, MARR OR DIVORCED Sibgl	(write the word)	21. DATE OF DEATH	4 , 193 7
-	If married, widowed, or				(Month) (Day	(Year)
	HUSBAND of (or) WIFE of		100		22. I HEREBY CERTIFY, That June 18 19 34, to Oc	
6.	DATE OF BIRTH (mont	h, day, and year)	Nov. 24	1916	I last saw h er alive on Oct. 24	
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at9_15_nP	. M
	20	11	0	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of impowere as follows:	Date of onset
NO	8. Trade, profession, kind of work of	or particular done, as SPINNER, KKEEPER, etc.	Student			
PATION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Pulmonary Tuberculosis	Mar.
-35	Industry or busing work was done SAW MILL, BA	e, as SILK MILL, NK, etc	*			1933
10. Date deceased last worked at this occupation (month and year) year)  11. Total time (years) spent in this 1 OYrs						
-	year)				Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or t (State or country)	town)	Baltimo: Marylan	re,		
2	13. NAME	George 3		4.		
FATHER			- Badel		Name of operation DONE DOS CON	
FA	14. BIRTHPLACE (city (State or coun		Marylan	ñ .		as there an autopsy?DO
ER	15. MAIDEN NAME	Ella So			23. If death was due to external causes (VIOLENCE) fill in also t	he following:
MOTHER	16. BIRTHPLACE (city	or town)			Accident, suicide, or homlolde? Date of in	
(State or country) Maryland.					Where did Injury occur?	
17. INFORMANT May M. Bader					(Specify city or town, co. Specify whether Injury occurred in INDUSTRY, in HOME, or in	Inty and State) PUBLIC PLACE.
(Address) Baltimore, Md:					Manner of injury	
	Place Balt	o. Md.	Date Unk	nown 19	Nature of injury	
10	UNDERTAKER	M.L. Creas	refr a		24. Was disease or injury In eny way related to occupation of de	
	(Address)	Thurmont		**	If so, specify	1 11
	101 rust	1) //	1111		(Signed) Sleward & St	raffer "

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	Example II		
The principal cause of death and related causes of importance were as follows: I VED  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritision = 102	1921	Run over by street car	1 week ago
Cerebral hemorrhade	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL
------------------------------------------------------

1.	PLACE OF DEATH				(23)	
/	County Fred	erick,			Registration Dist. No.	139
/	Village or City Stat	e Sana	tori	am. Md.	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence in city or tow	n where death	occurred	vrs. 1 mos	death occurred in a hospital or institution, give its NAME instead of street and additional death of the street and additional death of the street and additional death occurred in a hospital or institution, give its NAME instead of street and additional death occurred in a hospital or institution, give its NAME instead of street and additional death occurred in a hospital or institution, give its NAME instead of street and additional death occurred in a hospital or institution, give its NAME instead of street and additional death occurred in a hospital or institution, give its NAME instead of street and additional death occurred in a hospital or institution, give its NAME instead of street and additional death occurred in the street and additional death occurr	number)
2.	FULL NAME Geo				If U. S. Veteran, specify WAR	VI.
	(a) Residence: No. 5 U				St., Ward. Hyattsville, Md.  If nonresident give eily or lown an	d State
	PERSONAL AND STA		~~~		MEDICAL CERTIFICATE OF DEATH	
3. SI	4. COLOR OR RA	0	INGLE, MAR R DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Oct. 22 (Month) (Day)	, 193_7
5a. I	f married, widowad, or divorced HUSBAND of				(month) (Day)	(Tear)
	(or) WIFE of Emi	ly A.	Baldy	win	22. I HEREBY CERTIFY. That I ettended Aug. 28 ,1937, to Oct. 2	
6. D	ATE OF BIRTH (month, day, and yea	r) Fel	. 7	1880	liast saw him alive on Oct. 21 1937	
7. A	GE Yeers Mo	onths	Deys	If LESS than	to have occurred on the date stated above, at 2.10 A.M.	
	57 8	3	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:	
z	8. Trade, profession, or perticular kind of work done, es SPINI	HeD -			100 00 1010113.	Date of onset
TION	SAWYER, BOOKKEEPER, etc.	NER, LOC	cksmi	th	Pulmonary Tuberculosis	Mar.
P	9. Industry or business in which work was done, es SILK MIL SAW MILL, BANK, etc	ı.				1937
3	SAW MILL, BANK, etc		11 Total t	time (years)		Too
व्	this occupation (month and year)	1935	spa occ	nt in the SYrs.		
				a position	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) (State or country)	A.A.	land			
œ				Daldmin	Tuberculous Laryngitis.	
=  -			TSOIL	Baldwin	<b>2000</b>	
FA	14. BIRTHPLACE (city or town) (State or country)	Mai	ylan	d	Name of operation none Pos Sputulif of	m A
2		h Ste			What test confirmed diagnosis? Chest X-ray Was there an	
ᆵ			Nar u		23. If death was due to externel causes (VIOLENCE) fill in also the following	
8	16. BIRTHPLACE (city or town) (State or country)	Mon	ylan	a	Accident, suicide, or homicide? Date of injury	, 19
					Where did Injury occur? (Specify city or town, county and St	ate)
17. 1	NFORMANT Georg (Address) Hvatt	sville			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. 8	BURIAL, CREMATION, OR REMOVAL				Manner of Injury	
	PlaceBradshaw, N	ld Da	te_Unk	nown 19	Nature of Injury	
19.1	INDERTAKER M.L.C	reage	Ce		24. Was disease or injury in any way related to occupation of deceased?	
		ort//			if so, specify	
20 8	TILED LYM37, 19	18 1/11	4		(Signed) Allward D. Maffe	M. D.
20, 1		1000		Registrar.	(Address) State Sanatorium	-md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 wear

	ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE PLA

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V. S. No. 1

# STATE OF MADVI AND CEDTIFICATE OF DEATH

F	11	Si	1.	9
Į.	U	0	0	U

5	INIL	I MIVIZ	ILAND	CERTIFICATE	OI DEATH	
1. PLACE OF DEA		Middle Col		<i>1</i> 73	1	15
· County Frede	erich				Registration Dist. No.	
Village or City Fig.				No. Frederick f death occurred in a hospital or institut s. ds. How long in U.S. if of		and number)
(a) Residence: No.	arshall Frederi <b>Q.J.V.1</b>	ck & Md. (Usual place	nett of abode) (Gul	If U. S. Veteran, Ward. 7	PT -	ar Urbana
PERSONAL AN		CAL PARTI	CULARS	MEDICAL CE	ERTIFICATE OF DEAT	H
s. SEX 4. COLO	te lte		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	October 29th.	, 193_7(Year)
Sa. If married, widowed, or divo HUSBAND of (or) WIFE of	orced			11.0	CERTIFY. That I atten	
6. DATE OF BIRTH (month, day	y, and year) U	nlmown		I last saw h. h alive on C	Der 29, 197	5_7_; death Is said
7. AGE Years 68?	Months	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEAT were as follows:	d ebove, atm.  H end ralated causes of importance	Date of onset
kind of work done, SAWYER, BOOKKEE 9 Industry or businass in work was done, as SAW MILL, BANK, 10. Date deceased last wor this occupation (mo year)	which SILK MILL, etc	ry spei	ima (years) ntin this 35 upation 35	Bulles Wou Other Contributory Causes of Impo	ud abdomes	1 /37
12. BIRTHPLACE (city or town) (State or country)	Marv	Land				
13. NAME John	Bennett			1		
14. BIRTHPLACE (city or to	own)	ryland		Name of oparation	Data  Was there	of autopsy?
15. MAIDEN NAME	Inlanown				ses (VIOLENCE) fill In elso the folio	
16. BIRTHPLACE (city or to (State or country)		nown		Accidant, suicida, or homicide?	Data of injury 9	19 f gir ha
17. INFORMANT Hosni (Addrass) Fred		ords Marylan	đ	Specify whether Injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or in PUBLIC	PLACE PLACE
18. BURIAL, CREMATION, OR P	ttstown	ntain l	0/30 Cam	Manner of injury Othor	in abdor	nema
19. UNDERTAKER FOOD	Etchi lerick,	son & S Maryaan	on d	24. Wes diseese or injury in any wa	ay related to occupation of deceased	, ru
20. FILED 36-0e)	1937	Miles	Registrar.	(Signed) Fred	ff Thomas lerick, Marylar	<b>?</b> nd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 4 1931	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1928	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	10830
1. PLACE OF DEATH	-		121
County Frederick	2	Registration Digt. No	91
Village or City Moute	me	No Cemer gency Hospita	- Ward
Length of residence in city or town where death oc		f death occurred in a hospital or institution, give his NAME instead of street and s. 22ds. How long in U.S. if of foreign birth?	d number) mosds.
2. FULL NAME James)	Martin (	Bawielf U. S. Veteran, specify WAR Mon	
(a) Residence: No 27 S.C	Just Usual place of abode)	St., Ward. Ward. If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL	PARTICULARS'	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male Color OR RACE S. SIT	NGLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193_7(Year)
5e. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. I HEREBY CERTIFY, That I ettende	d deceased from
6. DATE OF BIRTH (month, day, and year)	. 7. 1937.	I last saw h mative on Ost . 29 ,193	2 death is said
7. AGE Yeers Months	Deys If LESS then	to have occurred on the date stated above, at	
	22   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Oate of onset
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ur Born.	7-1-6	Op. 6.7
z i 9. industry or dusiness in which	Y-V	- Wille asve	- PM · J
SAW MILL, BANK, etc	44 Table		
10. Dete deceesed lest worked et this occupetion (month and yeer)	11. Total time (yeers) spent in this occupation		
f. 1	ido	Other Cantributary Causes of Importance:	
12. BIRTHPLACE (city or town)	ud	Cat-and al Damadian	のかい
13. NAME Emory Bo	uvie		
14. BIRTHPLACE (city or town)	Α	Name of operation Date of	
(State of country)	yland.	Whet test confirmed diagnosis? Wes there e	n eutopsytus
15. MAIOEN NAME Bernadii	y Wars.	23. If death was due to external ceuses (VIOLENCE) fill in also the follow	
16, BIRTHPLACE (city or town)	- last and	Accident, suicide, or homicide? Dete of Injury	, 19
17. INFORMANT Ming adels ferger	Emergeneyto	Where did injury occur?  (Specify city or town, county and S  specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	iale) PLACE,
18. BURIAL, OREMATION, OF REMOVAL COLORS	1 Cornelery	Menner of injury	
Place Bartenoville Marsh	act 30/37	Neture of Injury	
19. UNDERTAKER M. P. Classics (Address) H. D. Classics (Address)	son Han	24. Was disease or Injury in any way related to occupation of deceased?	
2001 2700	I Tale of the	(Signed) 600 money	M. I
20. FILED - 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Registrar.	(Address) Tresteric	1 ms

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Ļį	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1,1000	GROW CONTROL BEC	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PL.

V. S. No. 1

County	Frederi	.CK,		Registration Dist. No	139
Village or C	ty State S	anatori	im, Nd .	NO.  death occurred in a hospital or institution, give its NAME instead	St.,Ward
Length of resid	dence in city or town where	e death occurred	L vrs 11 mos	death occurred in a hospital or institution, give its NAME instead  5ds. How long in U.S. If of foreign blrth?yr.	of street and number)
				Ir	
(a) Kesideni	ce: No751	(Usual place	of abode)	St., Ward. Baltimore, Ma	or town and State
	AL AND STATIS			MEDICAL CERTIFICATE OF	
. SEX	4. COLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	
Male	White	Sing	D (write the word)	Oct (Month) (Da	8, 193 7 (Year)
a. If married, widow HUSBAND of	ed, or divorced				
(or) WIFE of				22. I HEREBY CERTIFY, That Nov. 13 1935 to Oc	t. 18 35
DATE OF BIRTH /	month, dey, and year)	Oct. 22	1911	I lest sew h im elive on Oct. 18	
. AGE Year		Days	If LESS than	to have occurred on the dete stated above, at 4.15. R.	
25	5 11	26	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impo	
8. Trade, profes	sion, or particuler			were as follows:	Date of onse
kind of w SAWYER.	sion, or particuler ork done, es SPINNER, BOOKKEEPER, etc.	hauffeur		Pulmonary Tuberculosis	Mar.
9. Industry or t	done, as SILK MILL.				1935
	done, as SILK MILL, L, BANK, etc	1 11 Total t	ima (voara)		1.00
this occup	d last worked et ation (month end 1935	spe	ime (years) nt in this SYPS		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0001	aparton	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city (State or coun		Virginia	3		
1	William F				
		PLAKE.		- m o n o	
(State or	(city or town) country)	Virginia	a	Name of operation None Pos Sp	u Cum
15. MAIDEN NAM		Westcot			as there an autopsy?nc
	- OC UCK I C	Wes neo	4.0	23. If death was due to external causes (VIOL ENCE) fill in also Accident, suicide, or homicide? Date of in	
(State or	(city or town) country)	Virginia	3 .	Where did injury occur?	July 19
7 INFORMANT	William Ed			(Specify city or town, co Specify whether injury occurred in INDUSTRY, in HOME, or in	unty and State)
	Baltimore,		*66. V	eros, assuments in the sortin, in nome, or in	TODETO TEACL.
8. BURIAL, CREMATI		****		Manner of injury	
Place_Ba_	Lto. Md.	Date Unkr	10WH ,19	Nature of injury	
	M.L.Cr	ager		24. Was disease or injury in any way related to occupation of	egeased?no
9. UNDERTAKER		2 20 1		0/ /	//
9. UNDERTAKER (Address)	Thurmon	M. Md.		If so, specify	-

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

state infor-

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Registrar.

(Signed).

(Address) ...

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Example I	7	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	angua (mar e		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

Exact statement of OCCUPA-

10893

1. PLACE OF DEATH					
County Fresh			Registration Dis	t. No. 1 3	3.2
Village or City Harmony		No		St.	Ward
Length of residence in city or town where death occurred	69 yrsmos	death occurred in a horpital or institution	give its NAME in reign birth?	stead of street and n	umber)
2. FULL NAME John Hen!	ry Brown	If U. S. Veteran, sp	ecify WAR		
(a) Residence: No.	lace of abode)	St., Ward.		city or town and	Senta
PERSONAL AND STATISTICAL PAI		MEDICAL CER			NEC
m. l. OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH	2et	7	, 193 7
5a, If married, widowed, or divorced	nava		Month)	(Day)	(Wear)
HUSBAND OF COMMA Br	oun	22. I HEREBY C	CERTIFY,	That I attended d	leceased from
6. DATE OF BIRTH (month, day, and year) Self 3 7. AGE Years Months Days 2		to have occurred to the late State of the PRINCIPAL CAUSE OF DEATH a were as follows:	dealy	m. f importance	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	Labor	Caranany	Throne	· Lasia	10-7
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				w o-wy	
10. Date deceased last worked at this occupation (month and year)	tal time (years) spent in this occupation				
12. BIRTHPLACE (city or town) Harmon (State or country) Marm lan	4	Other Contributory Causes of Importa			
	Brown	Arterio-Se	Cervsi	A	
	ind.	Name of operation			7.
15. MAIDEN NAME Hannah  16. BIRTHPLACE (city or town) Metron	Shepley	23. If death was due to external causes			
(State or country)	lant	Accident, suicide, or homicide?	Date	of Injury	, 19
17. INFORMANT Clara Wright (Address)			(Specify city or tow DUSTRY, In HOME,	n, county and State, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMDVAL	4	Manner of injury			
Place to arman Date Q	10 ,1933	Nature of Injury			
19. UNDERTAKER Gladhill Col. Lorente (Address)	100 /	24. Was disease or Injury in any way i		n of deceased?_ Z	Lo
20. FILED Oct. 10, 1937 D. Groups	on Sanne	If so, specify (Signed)	nes &	tosp	M. D.
	Registrar.	(Address)	kalt	tacur	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example-I	113	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1997	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Construction of the Constr			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

## STATE OF MARYLAND-CERTIFICATE OF DEATH

10894

	ty Fred				(107-5)	
Villag	ge or City	me Kil	n	(11	Registration Dist. No. 130  No. Lime Kiln St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)	
				yrs,mos	sds. How long In U.S. if of foreign birth?yrsmosd	
	esidence: No.				St., Ward.  If nonresident give city or town and State	
PER	SONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH	
. sex Male		R OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 30th, 193 7 (Month) (Day) (Year)	
a. If married HUSBAN (or) WIF		rced			22. I HEREBY CERTIFY. That I attended deceased from the second se	
DATE OF	BIRTH (month, day	, and yaar)	ay 3,	1936	I last saw have elive on Oal 29 ,1937; death is sa	
. AGE	Years	Months 5	Days 27	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
10. Date the year of year of the year of the year of the year of year	ork wes done, as S AW MILL, BANK, e dacaased last wor iis occupation (mon ear)	ked at at and	vland	time (years) ent in this upation	The brosshe- Investicial was pointing first  place of presentation There was not massering to the Contributory Causes of Importance:	
14. BIRTI	HPLACE (city or too Stata or country)	wn)		1	Name of operation	
15. MAIDEN NAME Mary D. Soper  16. BIRTHPLACE (city or town). (State or country) Maryland  17. INFORMANT Mr. I.a. Y. Burger (Address) Lime Kiln, Maryland			-		23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
			urger Maryland		Where did injury occur?	
B. BURIAL, C	REMATION, OR R Point o	emoval St f Rock	Paul's	Cem.	Manner of Injury	
9. UNDERTA (Addr	KER M. Ress) Fred	erick,	ison & S Harylar	nd /	24. Was disaase or injury In eny way related to occupetion of deceased? 200  If so, specify  (Signed)  (Address)  Frederick, Maryland	

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	Example I	1	Example II		
The principal cause of of importance were as Arteriosclerosis	death and related causes- follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Ses Date of onset  1 week ago	
Chronic interstitial nephri	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 2: 1881	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ises of importance:		Other contributory causes of importance:		
Gallstones	ases of importance.	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

1	I. PLACE OF DEATH	1 .	1)		(161-0)	
3/	County Fred	crec	(2)	0 ((	Dutoida Registration Dist. No. 13	1
1	Village or City Mon	teve	e, C	merak	new Horkstal St.	Ward
35				V	death occurred in a hospital or institution, give its NAME instead of street and no	
	Length of residence in city or town	whare daath (	occurred	yrsmos	ds. How long In U.S. If of foreign birth?	
1	2. FULL NAME	nu.	mar	y Du	Mer. If U. S. Veteran, specify WAR Jones	•••••
	(a) Residence: No.	ber	(Uatalplace of	mid.	St., Ward.  If nonresident give city or town and S	
-	PERSONAL AND STAT	CALLE ON			MEDICAL CERTIFICATE OF DEATH	Rate
3.	SEX / 4. COLOR OR RAC	E 5. S	INGLE, MARR	IED, WIDOWED,	21. DATE OF DEATH A	17
1	female white	2 0	R DIYORCED	(write the word)	OC. GRAC.	193
56.	. If married, widowed, or divorced		1000	<del>ya</del>	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of		1		22.   I HEREBY CERTIFY, That I atlended d	eceased from
-		1	+ 5	1.0.5	0 (7 3 % , 19 3 , to 0 (4 )	, 19. 91
_	DATE OF BIRTH (month, day, and year)	1	T3rd	1931.	1 last saw hlv alive on 19 3/;	death is said
7.	AGE Years Mont	ths	Days	1f LESS than 1 day,hrs.	to have occurred on the data stated above, at	
_			/	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	Date of enset
NO	8. Trade, profession, or particular kind of work done, as SPINNE	R,			· · · · · · · · · · · · · · · · · · ·	
Ě	SAWYER, BOOKKEEPER, etc 9 Industry or business In which		• • • • • • • • • • • • • • • • • • • •		Cangential	Ch = 0
UP	work was dona, as SILK MILL, SAW MILL, BANK, etc.				atelectosis	ur, 3
OCCUPATION	10. Date deceased last worked at		—11. Total tim			
0	this occupation (month and year)		spant	in this ation		
	BIRTHPLACE (city or town)	cerac	neu i	Harpetal	Other Contributory Causes of Importanca:	
12	(State or country)	Forber	Ortech	e med.		
S.	13. NAME Thomas	1 Fre	uless	Butler		
ATHER	14 PIRTURI ACE (situ as Asses)	has	Costla	1221	Name of operation Date of	
FA	14. BIRTHPLACE (city or town)	>	11. 1/a	J.	What test confirmed diagnosis? Was there an au	tone to
ER	15. MAIDEN NAME I hela	2. 11 (	Ped (	arum.	23. If daalh was due to external causes (VIOLENCE) fill in also the following:	
I	IC DIDYUDI AGE (-ib)	0.1	losa	-1.	Accident, suicide, or homicide?	
MOT	16. BIRTHPLACE (city or town) (State or country)	77	m	d.	Where did Injury occur?	
	Em noch	0 /	Die !		(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	)
17	(Address)	enee,	Tolanh	ital.	open, midder mjery eccurred in interest, in nome, or in reduct text	J.
18	BURIAL, CREMATION, OR REMOVAL	M	1. 6	Peni	Manner of Injury	
	Place Mt. Allessan	t Da	ta 10/	5- ,193	Nature of Injury	
	M.R.Z	Tala	100	1/01	24. Was disease or injury in any way related to occupation of deceased?	>
19	(Addrass)	resta	m	A	If so, specify	
	is dit as	9	Suis	C	(Signed) BOA	. M D
20	), FILED 3 - 444 , 1973 !	u.a.	T. IVL	Registrar.	(Address) For Level, Dry	$\checkmark$

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Chronic interstitial nephritis  Cerebral hemorrhage  1 week  July 5,1927 Peritonitis  3 days  Other contributory causes of importance:  Other contributory causes of importance:	Example I		Example II		
Chronic interstitial nephritis  1921 Run over by street car  1 week Cerebral hemorrhage  July 5, 1927 Peritonitis  3 days  Other contributory causes of importance:  Other contributory causes of importance:	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Cerebral hemorrhage  July 5,1927 Peritonitis  3 days  Other contributory causes of importance:  Other contributory causes of importance:	Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Cerebral hemorrhage  July 5, 1927 Peritonitis  3 days  Other contributory causes of importance:  Other contributory causes of importance:	Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
	Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	SUREAU V. S				
Gallstones May 1,1923 Gastroenteritis 1 year	Other contributory causes of importance:		Other contributory causes of importance:		
	Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

	Village or	City	erick rederi			No.HTG	derick	City Hos' tution, give its NAME of foreign birth?	pitalst, instead of street at	d numbe
2	2. FULL N	AME Jo	hn Doug r Nt	zlas But Pleasant	ler Tr			n, specify WAR	NONE	m
-	PERSONAL AND STATISTICAL PARTICULARS						MEDICAL (	CERTIFICATE	OF DEATH	
7	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Male White Married				21. DATE	OF DEATH	October (Month)	13, (Day)	, 193	
5a.	HUSBAND of (or) WHE of			ce Taylo	r	22.	HEREB	Y CERTIFY	That I attend	ed decea
		I (month, day,	and yaer) Al	oays	1878	-	ed on the date sta	Ouv 1	<b>)</b> P.m.	; daa
PATION	9. Industry of work w	fassion, or pa work done, a R, BOOKKEEF businass in vas done, as S	s SPINNER, PER, etc which ILK MILL,	General	l Rarming	The PRINCIP/ wara as follow		ATH and related causa	s of Importance	Ost
OCCUPAT	8. Trade, pro- kind of SAWYE 9. Industry or work w SAW M 10. Oate dece- this ood year)	fassion, or pal work done, a R, BOOKKEEF businass in was done, as Si IILL, BANK, e ased lest work cupation (mon	rticular s SPINNER, 'ER, etc which LK MILL, cc	Farm 11. Total t		wara as follow		<b>S</b>	s of Importance	0ss
OCCUPAT	8. Trade, pro- kind of SAWYE 9. Industry or work w SAW M 10. Oate dece- this oc	fassion, or pai work done, a R, BOOKKEEF r businass in as done, as Si IILL, BANK, e cased lest work cupation (mon	rticular s SPINNER, 'ER, etc which LK MILL, cc	Farm 11. Total t spe occ	l Farming	wara as follow	vs:	<b>S</b>	s of Importance	Ost
ER CCUPAT	8. Trade, pro- kind of SAWYE 9. Industry of work w SAW M 10. Oate dece- this occ yaar)	fassion, or pai work done, a R, BOOKKEEF r businass in as done, as Si IILL, BANK, e cased lest work cupation (mon	rticular s SPINNER, ER, etc	Farm 11. Total t spe occ	or min. L Farming time (years) ntin this 35	wara as follow	vs:	<b>S</b>	s of Importance	Ost Ost
FATHER   OCCUPAT	8. Trade, prokind of SAWYE 9. Industry or work w SAW M 10. Oate decerthis occupaar)  BIRTHPLACE ( (State or co	fassion, or pa work done, a R, BOOKKEEF r businas, as vas done, as S IILL, BANK, e ased lest worl cupation (mon city or town) untry)	ticular s SPINNER, SPINNER, PER, etc	Farm 11.Total 37 spe occ land s Butle	or min. L Farming time (years) ntin this 35	Other Contribution Name of opera	atory Causes of Im	iportance: Ter	S of Importance  LUMA  Date of	6
FATHER   OCCUPAT	8. Trade, prokind of SAWYE 9. Industry or work w SAW M 10. Oate decerthis occupaar)  BIRTHPLACE ( (State or co	fassion, or pa work done, a R, BOOKKEEF r businass in was done, as Si ILL, BANK, e ased lest worl cupation (mon city or town)— untry) John CE (city or town or country)	ticular s SPINNER, SPINNER, PER, etc	Farm 11. Total tage 37 specification 1and s Butler erson Co	or min.  Farming  I Farming  Ime (years) Intin this 35  Upation 35	Other Contribution  Name of operative What test contribution  23. If death was	atory Causes of Im  Atlanta Market Street  Atlanta diagnosis?	aportance:	Date of	in autop:
ER CCUPAT	8. Trade, prokind of SAWYE 9. Industry or work w SAW M 10. Oate decerthis occupaar)  BIRTHPLACE (State or occupant) 13. NAME 14. BIRTHPLA (Stete 15. MAIDEN M 16. BIRTHPLA	fassion, or pa work done, a R, BOOKKEEF r businass in ras done, as Si ILL, BANK, e ased lest worl city or town) puntry)  CE (city or town or country)	ticular s SPINNER, ER, etc	Farm 11. Total tage 37 specification 1and s Butler erson Co	l Farming time (years) ntin this 35 upation 35	Other Centribution  Name of opera What test confident, suicident,	utery Causes of Im  Clicce atlon	ausas (VIOL ENCE) fill	Date of Injury -	in autop
MOTHER FATHER OCCUPAT	8. Trade, prokind of SAWY 9. Industry or work w SAW M 10. Oate decerbis occupaar).  BIRTHPLACE ((State or cc 13. NAME 14. BIRTHPLA (Stete 15. MAIDEN M 16. BIRTHPLA (State 16. BIRTHPLA (ST	Assion, or pa work done, a R, BOOKKEEF r business in vas done, as SilLL, BANK, e ased lest worl cupation (mon city or town)- untry)  John  CE (city or town or country)  IAME  CE (city or town or country)  IAME  CE (city or town or country)	rticular s SPINNER, SER, etc SPINNER, SER, etc S	Farm  11.Total  37 20 20 20 20 20 20 20 20 20 20 20 20 20	l Farming  L Farming  ime (years) intin this 35  c  1110	Name of opera What test conf 23. If daath wa: Accident, suici	utory Causes of Im  Click atton	ausas (VIOL ENCE) fill	Date of malso the followate of Injury	an autop
MOTHER FATHER OCCUPAT	8. Trade, prokind of SAWYE  9. Industry of work we SAW M  10. Oate decerthis occupaar)  BIRTHPLACE (State or occupaar)  13. NAME  14. BIRTHPLA (Stete  15. MAIDEN M  16. BIRTHPLA (State)  INFORMANT (Addrass)  BURIAL, CREM	rassion, or pa work done, a R, BOOKKEEF R, BOOKKEEF R business in vas done, as S ILL, BANK, e ased lest wort cupation (mon city or town) - untry)  John CE (city or town or country)  IAME  CE (city or town or country)  ATION, OR R	rticular s SPINNER, SER, etc Which control of the servine of the s	Farm 11.Total 37   specific occ  land s Butler erson Co Coyle Thomasvirgia D. Rutle	l Farming l Farming lime (years) intin this 35 upation 35  111e  21. Training	Name of opera What test conf 23. If daath wa: Accident, suici	utery Causes of Im  College  ation 20  firmed diagnosis?  side, or homicide  ury occur?  ther injury occurred  ury	aportance:  Ter  Substantial Control of the Control	Date of malso the followate of Injury	an sutops

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 4 1937	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

10897

1. PLACE OF DEATH				(3)	
Cour	nty Rrederick			Registration Dist. No. 193	
/	ge or City_ <u>Walkersvi</u> th of residence In city or town where		O yrs mos	No. Fulton Ave St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs	
2. FUL	L NAME George We	sley Ce	ecil	If U. S. Veteran, specify WAR None	
(a)	Residence: No. Fulton A	V⊖ a 2 (Usual place		St., Ward.  If nonresident give city or town and State	
PEI	RSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR OR RACE white		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Oct. llth., 193 7 (Month) (Dev) (Yeer)	
5a. If marrie HUSBA (or) WI		ddick		22. J. HEREBY CERTIFY. That J attended deceased from 19.37 to 0 11 19.37	
6. DATE OF	BIRTH (month, day, and year) ME	ly 14, 1	1868	Valt saw him alive on De 19 19 37; death is said	
7. AGE	Yeers Months 69 4	Deys 27	If LESS than I day,hrs. ormin.	to heve occurred on the dete stated above, at 6. a 55A m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
12. BIRTHPI	172772000 17 (	11. Total sp. oc:	tlme (years) 42 ent in this 42 cupation	Other Contributory Causes of Importence:  Cardiae disconfirmation	
	nE William N. ( Fred THPLACE (city or town) Mary (State or country)			Name of operation	
16. BIRT	DEN NAME Fred ( THPLACE (city or town) Fred ( (State or country)	CO	5 t	23. If death wes due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?	
	ANT Mrs. R. S. F Iress) Frederic!	Tamilton	1, R.D.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
		oodsboro	o.Md.	Menner of Injury	
19. UNDERT. (Add	AKER M.R.Etchisoness) Frederick		aufful Registrar.	24. Wes disease or injury in any way related to occupation of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis •	3 days ago	
1/4 3 3//				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH 10898 should state OCCUPA. 1. PLACE OF DEATH PHYSICIANS ORD. Every Length of residence in city or town where death occurred statement (a) Residence: No (Usua Vplace of abode) Exact PERSONAL AND STATISTICAL PARTICULARS A PERMANENT REC 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) stated EXACTLY classified. 5a. If married, widowed, or divorced (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Davs If LESS than 1 day....h or .... min. 8. Trade, profession, or particular WITH UNFADING INK-THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... See instructions on back should it may 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that occupation ____. 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER is very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) (Address) -WRITE LION 19. UNDERTAKER (Address)

	Perintuation Diet	/ 2/	
	No 110 W Patuels	. No	
(If	No. / O / Aluci death occurred in a horpital or institution, give its NAME inst	ead of street and n	Ward
nos.		yrsmo	
	If U. S. Veteran, specify WAR	non	
7	St. Ward.		
	If nonresident give	city or town and	State
	MEDICAL CERTIFICATE O	F DEATH	
	21. DATE OF DEATH	10	-
	(Month)	(Day)	193
	(multi)	(Day)	(I) al)
	1.14,	That I attended	eceased from
	193/,000	1 /0	19.8
	I last yaw h IV alive on Q ef 15	, 1937	; death is said
rs.	to have occurred on the date stated above, at Z	_m,	
	The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	Importance	Date of onset
	P		
	Occibral hemorrha	gl .	Getto
		2	1937
	Other Contributory Causes of Importance:		
	TIMENIA DALIS	recol	
	00010000		
	Name of operation	Date of	X
	What test confirmed diagnosis? Def 271410 1000	Was there an a	
	23. If death was due to external causes (VIOLENCE) fill in		
	Accident, suicide, or homicide? Date	of injury	, 19
	Where did Injury occur? (Specify city or town	. county and State	)_
	Specify whether injury occurred In INDUSTRY, in HOME,	or in PUBLIC PLA	.CE.
	Manner of injury		~~~~~~
2	Nature of Injury	*	
	1		NX
	24. Was disease or injury in any way related to occupation	of deceased?	1
	If so, specify (Signed)	rith	
	(Address)	12. m	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	5.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
- 10 - 18 D			

STATE OF MARYLAND—CERTIFICATE OF DEATH

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) _____

(Yeer)

Date of onset

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			01,530,00	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
RECAR	Y. PHY	Exact si	
MANENT	XACTL	lassified.	
IS A PER	stated E	properly c	TION is very important. See instructions on back of certificate.
HIS	pe	pe	o jo
NK-T	pluods	it may	on back
NG	AGE	that	ions
UNFADI	applied.	terms, so	instruct
шн	lly su	plain	Sec.
M.	refu	I in 1	tant
LY	pe cz	EATE	m por
PL	plnc	F DI	ery i
LE	sh	E O	IS V
-WRI	mation	CAUS	TION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1 1 1900

1	County	Fr	ederic	k.			(23)	egistration Dist. No.	130
	Village or C	ity St	ate Sa	natorium	ı. Nd.	No.	ed in a horpital or justitution, g	ogistration Dist. 140	_StWard
		.,,			7 ()	death occurre	d in a horpital or institution, g	rive its NAME instead of s	street and number)
	Length of resi	dence in city			,10,		now rong in o. a. ii or forth	ign birth:y13.	mosds.
2	. FULL NA	ME					If U. S. Veteran, speci	fy WAR	0/2/
	(a) Residen	ce: No	Suit	land, Ar	acostia	Stsa.	Ward. Route	# 4 Maryl	and attention and State
	PERSON	AL AND	STATISTI	CAL PARTIC	CULARS		MEDICAL CERT	IFICATE OF DE	ATH
	Male	4. color Whi	or race	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DAT	E OF DEATH	Ct 6	, 193_7
	If married, widow			mora a a c					(Year)
	(or) WIFE of		Dorot	hy H. Co	gar	22.	I HEREBY C		
						AU	19	3/to UCT.	6 , 19 57
-	DATE OF BIRTH (	-	Months	pril 30	1908		himalive onQC curred on the date stated above		
	2		5	6	1 day,hrs.	FI .	CIPAL CAUSE OF DEATH and		
	-			1 0	ormin.	were es f	ollows:		Date of enset
UPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					Pul	monary Tuber	culosis	Aug. 1935
000/	10. Date decease		ed at	11. Total tir 937 spen occur	ne (years) t in this 10Yrs		tributery Causes of importance		
12.	BIRTHPLACE (cit (State or coun			ebster S	prings	- Ciner Cou	and the first of the post of t		
ER	13. NAME			J. Cogs					
FATHER	14. BIRTHPLACE (State or		n)W	ebster S est Virg	prings	Name of operation NONE POS Sput Data of Market test confirmed diagnosistics to X—Ray Was there an eutopsy? NO			
ER	15. MAIDEN NA	ME	Emma	Chapman		23. If death wes due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME Emma Chapman  16. BIRTHPLACE (city or town) Webster Springs (Stete or country) West Virginia  17. INFORMANT Robert S. Cogar (Address) Suitland, Md,					prings inia	Accident, suicide, or homicide?			
						(Specify city or towa, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18.	Plece Ced			Date Unkr	own 19		Injury		
19. UNDERTAKER W.W. Chambers (Address) Washington D.C.						24. Was dis	ease or injury in any way rela		
20.	FILED 2016	14.719.	1		Registrar.	(Sign	(Address) State	Sanatori	im Inc
			If more b	lanks are needed, ad	dress State Registrar,	2411 N. Cha	les Street, Baltimore, Requestin	ng V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causesof importance were as follows: Date of onset of importance were as follows: Arterioselerosis Attack of epilensy 1915 1 week ago Chronic interstilial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

# V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	101
1. PLACE OF DEATH . /	<u> </u>	
County Frederick	Registration Dist. No. 144	
Village or City Thurmont	NoSt., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Still born Creede		
6		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Sta	ale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  OR DIVORCED (write the word)	21. DATE OF DEATH & 24	98.7
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. O X-24 ,1937, to OCY-24	eased from
6. DATE OF BIRTH (month, day, and year)	I last saw h-er alive on Oct 24, 1937; d	death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 93-A-m-	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of onset
8. Trada, prolession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Still born - couse	
10. Data deceased last worked at this occupation (month and year) spant in this occupation occupation	In our mane 2.	
12. BIRTHPLACE (city or town) Thusmont (State or country)	Other Coutributory Causes of Importance:	
I 13. NAME Early C. Gerry		
	Nama of operation Robbe Date of	
(Stata or country)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
15. MAIDEN NAME Proposed State	What test confirmed diagnosis? Was there an auto	psy/
16. BIRTHPLACE (city or town) Woodshow  (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?  Date of Injury	., 19
17. INFORMANT Laile C. Cierge	Where dis injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address) January Md		
18. BURIAL, CREMATION OR REMOVAL Place Description Date Och 2419.3.7	Manner of Injury	
19. UNDERTAKER Millbide & Coreger	24. Was diseasa or Injury In any way related to occupation of deceased? 74.0	)
20. FILED CEO. 24, 1937 Unna M. Janes	(Signed) Augy May	M. D.
Registrar	(Andrace) - to serve and " / W/1:	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RIIOSAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	tem of	should	of occ	
	tD. Every i	SICIANS	statement o	/
	IT RECOR	LY. PHY	. Exact	
-	ERMANEN	EXACTI	classified	ย์
1	S IS A PI	stated 1	properly	certificat
1	HIS	be	be	of
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
1110011111	H UNFADI	supplied.	in terms, so	See instruct
	WIT	refully	in pla	ant.
	AINLY,	ld be car	DEATH	y import
	PL	hou	OF	ver
	RITE	on s	SE	Si N
	-WE	mati	CAL	TIO

TION is very important.

V. S. No. 1 N. B.-

	CERTIFICATE OF DEATH 10902
1. PLACE OF DEATH	
County reduces	Registration Dist. No.
Village or City Brunswick	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
21	death occurred in a hospital or mattudon, give its IVANVE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME games & illow	If U.S. Veteran specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  White Married  Married	21. DATE OF DEATH (Month) (Day) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Market	22. JHEREBY CERTIFY, That I attended deceased from
hours to hook!	(1987, to Oct 8, 1987)
6. DATE OF BIRTH (month, day, and year) Aun 10 1866	i last shw h line alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
0rmin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	3
SAWYER, BOOKKEEPER, etc.	There Thereway
9. Industry or business in which work was done, as SILK MILL, B Y & Slope.  SAW MILL, BANK, etc.	ļ
10. Date deceased last worked at this occupation (month and spent in this occupation	
Charle Tand	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) 11. VO	A VIIICA A TO ST
	Contaction of the last
E Ca	To the second se
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date
	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, ar homicide? Date of injury 19
State or country)	Where did injury occur?
Classes & illaw	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Ralling Victory nu.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Park Heights Date October 16, 1937	Nature of injury.
19 UNDERTAKER C. A. Feete & Son	24. Was disease of injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Brussiers, Md.	If so, specify
20. FILED Oct 14, 1987 Gus H.S. Hedge	(Signed) JA MULLA DIJUNA M. D.

(Address) .....

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- Commercial Commercia	Example II		
The principal cause of death and related confirmmentance were as follows:	auses   Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NOV 3	931 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BIREAU	V			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

	S	TATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH	0903
1	. PLACE OF DEA				93-0	2 1
	County Fred				Registration Dist. No.	2
	Village or City	rodorio	ic man	terre	No. Emergency Hospital St.,  f death occurred in a hospital or institution, give its NAME instead of street and t	Ward
	Length of residence In c	ity or town where	death occurred		11.	sds.
2	. FULL NAME	ydia Re	becca Do	oyle	If U.S. Veteran, specify WAR None	
	(a) Residence: No.	11 E. F	ourth	Q	St. Ward. Limits	
(CERTICAL	PERCONAL AN	ID CTATICS	(Usuai place		If nonresident give city or town and	State
3. 5	PERSONAL AN	OR OR RACE		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
1	Female Wh	ite	OR DIVORCE Widow	D (write the word)	October 27th, (Month) (Day)	, 193_ 7 (Year)
58.	If married, widowad, or diversity of (or) WIFE of Edward	rd Lee	Doyle		22. I HEREBY CERTIFY. That I attended	deceased from
6. 1	DATE OF BIRTII (month, de	y, and yeer)	uly 4, I	1868	I lest saw h. er alive on Det. 26, 1937	deeth is said
7.	AGE Yeers	Months	Oays	If LESS than	to heve occurred on the date stated ebova, at 3 · 20 Am.	
_	69	3	23	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onset
OCCUPATION	8. Trede, profession, or p kind of work done, SAWYER, BOOKKE! 9, Industry or business li work wes done, es SAW MILL, BAN, 10. Date deceesed last wo this occupetion (mo	n which SILK MILL, etc	Housewo	ime (years)	Hypoclatic premius	Q. 8-5-3
	BIRTIIPLACE (city or town)	)	occ	ntin this 45	Other Contributory Causes of Importance:	
	(State or country)		rland		Mysacustites	1936
FATHER	13. NAME Frank	White				
FAT	14. BIRTHPLACE (city or to (Stata or country)	own)	vland		Name of operation	
-	15. MAIOEN NAME And		Fox		What test confirmed diegnosis? Wes there an a	
MOTHER	16. BIRTHPLACE (city or to (State or country)	own)Nar	yland		23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide?	, 19
	INFORMANT Edward (Address) 11 E	. 4th S	yle, Jr.		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR Place Tr. Lib	ertytow	on Chape	729 Cem . 37	Manner of injury	
19.	UNDERTAKER - Pred	Ftchi crick,	son & So	n l	24. Was disease or injury in eny way related to occupation of deceased?	7.Q
20.	FILED 29-Oct.	1937. Da	e forms.	Curly Registra.	(Signed) Frederick, Maryland	м. <b>D.</b>
		If mor	e blank are needed,	address State Resistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various parsuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIREAU.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10.75

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

OCCUPA-1. PLACE OF DEATH RECORD. Every item of plnods Registration Dist. No. (if death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS statement How long in U.S. if of foreign birth?______yrs.____mos. C.C. If U. S. Veteran, specify WAR. (a) Residence: No. St... (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Month) (Year) classified. 5a. If married, widowed, or divorced HUSBAND @ Y hat | Attended deceased from (or) WIFE of × 国 IVOY certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on the date stated above. 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows Date of onset 8. Trade, profession, or particular THIS-CCUPATION kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. jo may back 9, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) on this occupation (month and that occupation __ instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?. ----- Was there an autopsy?_ MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOV -WRITE Manner of injury AUSE mation Nature of injury LION 24. Was disease of 19. UNDERTAKER If so, specif (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

7. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	-	Example II		
The principal cause of of importance were as for	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	FIVEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	18 1	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	MOV 5 1907	July 5,1927	Peritonilis	3 days ago	
	WINEAU V. S.	17		`	
Other contributory caus	es of importance:		Other contributory causes of importance:	1 101	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH plnods item of County Registration Dist. No. Emg. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. long in U.S. if of foreign birth?_____yrs.____mos. statement If U. S. Vereran specify WAR 2. FULL NAME Franklin (a) Residence: No. Hre RECORD. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT White Male (Month) classified 5e. If merried, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) certificate. properly 7. AGE Months If LESS than Deys to have occurred on the dete stated above, at 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence 68 or .... min. wera es follows: Data of onset 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc..... Jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. may back plnods 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this so that occupation __ instructions Other Contributory Couses of Importance: 12, BIRTHPLACE (city or town) (State or country) supplied. Margland FATHER 13, NAME 14. BIRTHPLACE (city or town) in plain (State or country) carefully MOTHER 15. MAIDEN NAME important. 23. If death wes due to external ceuses (VIOL ENCE) fill In also the following: OF DEATH 16. BIRTHPLACE (city or town) (Steta or country) should be 17. INFORMANT __ TT -WRITE CAUSE mation LION 24. Wes disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER If so, specify (Address) Frederick laryland If more blands are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8. The trade, profession, or particular kind of work done.
9. The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows: 4 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
			-	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			5.2141	

						,
A TATATORNA A T	CITY A COTT	MOD	TOTAL POST TEND	STATEMENTS	There	THESE CITIZE A BO
ADDITIONAL	SPAUR	HUIR	BURLERE	SALEWENTS	PS T	PHISILIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE					(23)			
County	F	rederic	k,		Registration Dist. No	139		
				im, Md. (16 yrs, O mos	No. f death occurred in a horpital or institution, give its NAME instead of att s. 29 ds. How long in U.S. If of foreign birth?yrs	St.,Ward reet and number)ds.		
2. FULL N		Helen M			If U. S. Veteran, specify WAR			
(a) Reside				Route # 1				
PERSO	NAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA			
3. SEX Female 5a. If married, wide	Wr	or RACE	5. SINGLE, MAR OR DIVORCE Marri	RIED, WfDOWED, D (write the word) . ed,	21. DATE OF DEATH OCt. 20 (Month) (Dey)	, 193_7 (Yeer)		
HUSBANO of (or) WIFE of	iwed, or giver		s Leona	ard Eaton	Sept. Al 1930 to UCT.	20 19 37		
6. DATE OF BIRTH	(month, day	, end yeer)	lay 29	1910	lest saw h er elive on Oct, 19	1937; death is said		
	ears 27	Months 4	Days 21	If LESS than I day,hrs. ormin.	to have occurred on the date steted ebove, et 12.05 m.A.  The PRINCIPAL CAUSE OF DEATH end releted causes of importar were es follows:			
SAWYE 9. Industry of	work done, a R, BOOKKEER business in es done, as S ILL, BANK, e	S SPINNER, PER, etc	sper	me (years) nt in the 2 Yrs		Aug. 1936-		
12. BFRTHPLACE ( State or co		IV	aryland	•	Other Contributory Causes of importence:			
13. NAME	Al	Lonzo Mo	Coy.		.:			
	CE (city or too or country)	vn)N	aryland	1.	Name of operation none Pos Sput Date of What test confirmed diagnosis thest X-Ray West here en eutopsy? no			
15. MAIDEN N	AME	Rena Va	Marsha	all	23. If death was due to external causes (VIOL ENCE) fill in efso the			
	CE (city or tovor country)		aryland		Accident, suicide, or homicide? Date of injury Where did injury occur?			
17. INFORMANT (Address)	Sh	arnehur	Eaton.		(Specify city or town, county Specify whether injury occurred In INOUSTRY, In HOME, or In PU	and State) BLIC PLACE.		
18. BURIAL, CREMA	nples	Manor,	Co Mc	own,19	Manner of injury			
19. UNOERTAKER (Address) 20. FILEO		nesbor		k Son Registrar.	24. Wes disease or injury in eny wey related to occupation of decee  If so, specify  (Signed) State Sanatorius	sed? DQ  M. p.  M. p.		

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephrilis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD MARGIN RESERVED FOR WITH UNFADING INK-THIS

No.

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m

1PLACE OF DEATH
County Frederick
Village or City Daysville (No
PERSONAL AND STATISTICAL PARTICULARS
Male White Single, Married  Male White Write the word)
6 DATE OF BIRTH
(Month) (Day), (Year)
7 AGE    If LESS than a
63 yrs. / mos. /5 ds. or min.?
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in
9 BIRTHPLACE (State or country)  Frederic & Co.
10 NAME OF Saloman Filler
OF FATHER  (State or country)  12 MAIDEN NAME  (12 MAIDEN NAME)
of Mother Clementine Creager
13 BIRTHPLACE OF MOTHER (State or Country)  Lederick Co
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Floy Feller
(Address) Walkersmile
Filed Of 17 1937 MA Cuffman 2

STATE OF MARYLAND CERTIFICATE OF DEATH

(11-)

	Registration Dist. No.
,	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
L	16 DATE OF DEATH /0- /4 , 1987
	(Month) (Day) (Year)
4	Mat 1 last saw h malive on 10-14-, 1927,
n	and that death occurred on the date stated above, at
3.	The CAUSE OF DEATH * was as follows:
5	
	Thurshag
•	
	Contributory Gastrac Wleer
	(Durstion) yrsds.
	(Signed) . Hegg M. D.
-	(D-/7, 193) (Address) Usan Basty
-	*State the Viscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	Union Khase Oct. 18, 1937
	4. C. Barton Walkerwille
	sow s S. P. Is - D V S No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—coat mine, ever wounden at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the bigsease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Examples: Accidental drowning; Struck by railway train cough; Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# 

of info ould stat	1. PLACE OF DEATH	(159)
	County County	Registration Dist. No. 14
item shoo	Village or City / 2 monet	NoSt.,Ward
. 70		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foraign birth?mosds.
Every CIANS ement	Reliev	
E C E	2. FULL NAME Jaby Jul Tora	If U. S. Veteran, specify WAR
YSI YSI	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
COKD. Every PHYSICIAN ct-statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REC Pre Pri	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Funde White OR DIVORCED (write the word)	Velalee 16 , 193 3 1
5 5 5	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDIN EXAC y classifi	HUSBANO of (or) WIFE of	22.   HEREBY CERTIFY, Thet attended deceased from
SINI ERM EXA	A-814-37	192/ to Och 15 192 f
FOR BI IS A PEI stated E properly certificate.	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h. Le alive on
FOR IS A P stated properlica	7. AGE Years Months Days If LESS than 1 day,hrs.	to heva occurred on the date stated above, at
FOR IS A stated prope	Ormin.	were as follows: Oate of one et
0 00	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Han Vers
RESERVEL G INK—THI GE should be that it may be	9. Industry or business in which	1/2. Marine
EERVI VK—Ti should it may n back	work was dona, as SILK MILL. SAW MILL, BANK, etc	
INK E sh t it	10. Oate decaased last worked at this occupation (month and spent in this	
ARGIN RE NFADING   pplied. AGE erms, so that instructions	year) occupation	Othar Contributory Causes of importence:
N DIN S	12. BIRTHPLACE (city or town)	3 poemes
ARGIN UNFADI pplied. terms, so		12 pounds for a
	13. NAME Charles There is 14. BIRTHPLACE (city or town).	infall.
H I su	14. BIRTHPLACE (city or town). (State or country)	Name of operation
Tild sign	(c) (C)	What test confirmed diegnosis? Was there an eutopsy?
PLAINLY, WITH hould be carefully OF DEATH in pla very important.	5.201	23. If death was due to axternal causas (VIOLENCE) fill in also the following:
ALKLY, de be can DEATH	O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
be be imp	01. 31.	(Specify city or town, county and State)
LA Duld	17. INFORMANT (Address) The Plane Pres	Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury
on s	Place Brunswiched Date OCX 16, 19 47	Natura of injury
WRITE mation sl CAUSE CAUSE	19. UNDERTAKER 6.6.6 Clin Hong	24. Was disease or injury in any way related to occupation of dacaased?
HOBI	(Address) Andrew Male	If so, specify
S. No.	10 FUED SEX 16 10 37 Know S. Ste Noves	(Signed) Helleam & furger Stems
» Z	20. FILED 20. 19 3 PARTY D. 174 Y 20 9 Registrar.	(Addrass) - Bruserell - mas
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

N. B.-WRITE PLAMLY,

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	PLACE	OF DE	ATH						
1	County_	Frede	erick			Registration Dist. No. 13	2		
	Village o	r City	Adamstow	1		A -7			
	Length of	residence In	city or town where	leeth occurred3	(If	No. Adamstown St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long In U.S. if of foreign birth? yrs. mos. ds.			
2	. FULL N	IAME.	James We:	slev Gei	sler	If U. S. Veteran, specify WAR None			
	(a) Resid	dence: No.	Near Ad			St.,Ward.			
	DEDC	22141 4	ND CTATICT	(Usual place		If nonresident give city or town and	State		
2	SEX		ND STATIST			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH			
	nale		nite		RIED, WIDOWED.  O (write the word)	Oct. 7th., (Dey)	193 (Yeer)		
5e.	If married, wi	of							
	(or) WIFE o	Mari	tha S. B	randenbu	ırg	22. I HEREBY CERTIFY, Thet I attended of	laceesed from		
6.	DATE OF BIRT	TH (month,	dey, end yeer) Au	gust 6,	1892	i Page saw h im Defive on Oct o 7th, 19 37	; deeth is seld		
7.	AGE	Years	Months	Deys	If LESS then 1 day,hrs.	to have occurred on the dete steted ebove, atm.			
		45	1 2	1	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:	Date of onset		
NO	kind	ofession, or of work don	ia, es SPINNER.	armer		(Suicide by Hanging	-TO-177-/31		
CUPATION	9. Industry	PER, BOOKK	EEPER, etc			Broken Neck)	10/1/0		
UP.	work SAW	wes done, a MILL, BANK	In which is SILK MILL, Th K, etc.	omas & (	Co. Farm	Droken Necky			
3	10. Deto dec		vorked at	11. Totel ti	me (years)				
_			10/0	/_ occu	petion 25	Other Contributory Causes of importance:	~~~~~~~		
12.	BIRTHPLACE (State or		n) fre	Maryland	1	Other Contributory Causes of Importances:			
ER	13. NAME	John '	Thomas G	eisler.					
FATHER	14. BIRTHPL	ACE (city or e or country		yland C	0	Name of operation			
ER	15. MAIDEN	NAME S	usan Ann	Nichol:	S	23. If death wes due to externel ceuses (VIOLENCE) fill In eiso the following			
MOTHER	I6. BIRTHPL	ACE (city or	town Te	de	R	Accident, suicide, or homicide? Suicide Date of injury 10/	7 1937		
×	(Stet	e or country	) ar	yland	/	Where did Injury occur? Home (IN BARN)			
	(Addrage)	A.da	mstown.	eisler Harvland	J	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.		
18.	BURIAL, CREI	MATION, OR	REMOVAL Ple	asant	ill Cem	Manner of injury Suicide by Hanging	***********		
	Place	onrov	ia, Md.	Date	1907	Neture of injury Broken Neck			
19	UNDERTAKER (Address)	M. R Fred	. Etchis	on & Son	n	24. Wes diseese of injury in any way releted to occupation of deceesed?			
20.	FILED OE	18	, 19.3.7	James	Melled	(Signed) Buckeystown, Md.	M. D.		
-			If more	banks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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BUREAU V. S.	:			
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RD. BINDIN H FOR RESERVED should MARGIN efully

OCCUPApluods item PHYSICIANS statement Exact classified. certificate. properly Jo back may that instructions in plain terms, See OF DEATH plnods CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Frederick. County Registration Dist. No. State Sanatorium Md. ND. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) ____mos. 4 __ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Langth of residence in city or town where death occurred __ 2 __ yrs _ 4. 2. FULL NAME Harry P. Germershausen If U. S. Veteran, specify WAR (a) Residence: No. 1911 W. Lafayette, Ave. St., Ward. (Usual place of abode) Baltimore, Maryland If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Oct White Male Single 5a. If marriad, widowed, or divorced HUSBANO of I HEREBY CERTIFY. Thet I attanded deceased from (or) WIFE of 19 35to 6. DATE OF BIRTH (month, day, and year) Feb. 8 7. AGE Months **Oevs** If LESS than f day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causas of Importence 25 56 or____min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... COUPATION Bar-Tender Pulmonary Tuberculosis May 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 1933 1D. Date decaasad last worked et ff. Total tima (yaars) this occupation (month end spent in this 6Yrs 12. BfRTHPLACE (city or town) Maryland (State or country) HER Frank Germershausen 13. NAME 14. BIRTHPLACE (city or town) Pos Soutin (Stata or country) Maryland What tast confirmed diagnostines to X-Ray ... Was there en autopsy? no MOTHER f5. MAIDEN NAME 23. If death was due to extarnel causas (VIDLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of injury______ 19___ 16. BIRTHPLACE (city or town) .... (State or country) Maryland Whare did injury occur?___ (Specify city or town, county and State) Harry P. Germershausen Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE. (Address) Raltimore. 18. BURIAL CREMATION, OR REMOVAL Manner of Injury Place Balto Md Data Unknown M.L. Creager 19. UNOERTAKER _ (Address) Thurmon Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	15	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis = FIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
NOV 5 12.7				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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7	U	U	Ä	A.

stated EXACTLY. PHYSICIANS successtated EXACTLY Exact-statement of OCCUPA-MLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be B.—WRITE PLA

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DE			Villa.	92-0		
County Fred			MA CO	Registration Dist. No. 131		
Village or City	Frederic	15	Doran	No. 8 Mt a Olivet Blvd e St., Wildeath occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence In	city or town whera	death occurred	50 yrsmos	22 ds. How long in U.S. If of foreign birth? yrs. mos.		
2. FULL NAME	Edward A	gustus	Gittinger	• If U. S. Veteran, specify WAR None		
(a) Residence: No.				St. Ward.		
(a) Residence. No.		(Usual place	ol abode)	If nonresident give city or town and State		
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
	hite	5. SINGLE, MAR OR DIYORCE Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  October 10th, 193 (Month) (Day) (Year		
a. If married, widowed, or d HUSBAND of	ivorced			M LUEDEDV CEDTLEV TO LUE ALL		
(or) WIFE of				Sept 1 HEREBY CERTIFY, That I attended deceased		
S. DATE OF BIRTH (month,	day and year) NO	vember	1. 1864	I last saw h im alive on 6 4.91 19 37; deeth is		
. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 2:20Am.		
72	11	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANI	e, as SPINNER, EEPER, etc	Brush M		Mitral requirilation Se		
10. Date deceased last this occupation (ryear)	worked at month and $3/3$	11. Total t spe occ	ima (years) nt in this 35 upation	Other Contributory Causes of Importance:		
2. BIRTHPLACE (city or tow (State or country)	n) lary lan	d Co		arkerio scherous		
1				war w July war		
	Fred	. Co.		Name of operation X Date of X		
14. BIRTHPLACE (city or (State or country	) Mary	land		Name of operation Date of What test confirmed diagnosis? Physical Res Was there an autopsy?		
15. MAIDEN NAME	erena E.	Ackerm	an	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME	Lanca	ster Co	• ,	Accident, suicide, or homicide?, 19		
(State of County)	1)			Where dld injury occur?		
7. INFORMANT Mrs. (Address) 8 Mt	.Olivet	Blvd. F:		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, UP	I HEMOTILE	rederic.	14	Manner of Injury		
Plece III .Q1			19_0/	Nature of injury		
19. UNDERTAKER M.R. (Address)	Etchiso			24. Was disease or Injury in any-way related to occupation of deceased?		
II A at	27 1	Q TIT	c (0, 1.	If so, specify (Signed) (Signed)		
0. FILED J. T. C.	., 19.0./	a. J. 111	Registrar	(Address) of 171 detrick h		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	pp de de de	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	3		
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

	County F					Ting	Registration Dist. No	13/
			edericl	τ	. \	Ua	k City Hospit	
					37	death occurred in a hospital or in	atitution, give its NAME instead	of street and number)
	FULENAN						1/2	smos
2	4/11						an, specify WAR None	**********
	(a) Kesidenc	Do	Treder	Usual pla	ee of abode u.d.	St.,Ward.	If nonresident give city	or town and State
		- 4/	DSTATIST	ICAL PAR	TICULARS		CERTIFICATE OF	DEATH
	ale	colo			RRIED, WIDOWED,	21. DATE OF DEATI	HOW / Da (Da	, 193
5a.	If married, widowe HUSBAND of (or) <del>WIFE o</del> f		rced ie Whit	ten		22. I HEREI	BY CERTIFY Thet	t I ettended deceased
6. D	ATE OF BIRTH (n	nonth, day	and year) Ju	ine 4,	1906	I last saw hadd alive on.	2:21 11	19.3.7: death i
7. A	GE Year		Months	Days	If LESS than	to heve occurred on the dete s	stated above, et 7,309m.	
	31		4	7	1 day,hrs.	The PRINCIPAL CAUSE OF D ware apholiows:	EATH and ralated causes of imp	ortance Date of
						DIAIL	var mellas	(1) A
UPATION	9. Industry or b work was	usiness in done, as S	ILK MILL,	•••••		Hemm	hace,	w or
CUPAT	9. Industry or b work was	usiness in done, as S , BANK, e d last wor ation (mor	which ILK MILL, Itc	37 11. Tota	I tima (years) 15 pent in this	Henry	hage,	60 Or
OCCUPAT	9. Industry or b work was SAW MILL 10. Date daceasa this occup	usiness in done, as S , BANK, e d last wor ation (mor	which SILK MILL, stc	37 11. Tota	ent in this	Other Cantributory Causes of	hose, importanca:	W Ou
ER OCCUPAT	9. Industry or b work was SAW MILL 10. Date daceasar this occupyaar) BIRTHPLACE (city (State or count 13. NAME	usiness in done, as S , BANK, e d last wor ation (mor or town) ry)	which ilk MILL, ilk MILL, ked at 10/3 Freder	11. Tota Si rick Land	ent in this	Other Cantributory Causes of	hose, importanca:	6 O1
ER OCCUPAT	9. Industry or b work was SAW MILL 10. Date daceasa this occup yaar) BIRTHPLACE (city (State or count	usiness in done, as S , BANK, e d last wor ation (mor or town) ry)	which ILK, with end 10/3 Freder  Preder  Preder  Preder  Preder  Preder  Preder  Preder	11. Tota Si rick Land	ent in this	Stab Woo	ne ne	Dete of
FATHER OCCUPAT	9. Industry or b work was SAW MILL 10. Date daceasa this occupyaar)	usiness in done, as S, BANK, ed last wor ation (moreof town).  or town).  ry)  (city or to country)	which lik MILL, liked at 10/3 Freder  Freder  SC. Go	37 11.Tota si rick land piñes rick,	ent in this	Name of operation	mes ned	
HER 52 OCCUPAT	9. Industry or b work was SAW MILL 10. Date daceasar this occupyaar)	usiness in done, as S, BANK, e d last wor ation (more or town).  c(city or to country)  E Id  (city or to to country)	which itk MILL, itc. ked at 10/3 Freden arv s C. Go wn)Freden a C. Bo	rick land oifies rick, ryland eavers	ent in this	Name of operation	ned  ned  ned  ned  ned  ned  ned  ned	the following:
MOTHER FATHER OCCUPAT	9. Industry or b work was SAW MILL 10. Date daceasar this occup yaar)	usiness in done, as S, , BANK, e d last wor ation (mor town) ry)  city or to country)  E Id  (city or to country)	wn) Freder  a C. Bewn) Freder  Freder  Tan  The man a C. Bewn) Freder  Freder  Freder  Freder  Freder  Freder	rick land piñes rick, ryland eavers derick	ent in this	Name of operation	7 Will causes (VIOLENCE) fill in also	the following: njury Discounty of County and State)
MOTHER FATHER OCCUPAT	9. Industry or b work was SAW MILL 10. Date daceasarthis occupyaar) BIRTHPLACE (city (State or count 13. NAME (1) 14. BIRTHPLACE (State or count 15. MAIDEN NAM 16. BIRTHPLACE (State or count) 16. BIRTHPLACE (State or count) 17. MAIDEN NAM 18. BIRTHPLACE (State or count) 19. MAIDEN NAM 19. 19. MAI	usiness in done, as S, , BANK, e d last wor ation (mor town) ry)  city or to country)  E Id  (city or to country)	wn) Freder  B C Be wn) Freder  Freder  ATV  S C G  Wn) Freder  Hary  Freder  Freder  Freder	rick land rick, ryland eavers derick land ick, La	wrence	Name of operation	I causes (VIOLENCE) fill in also  Compared to the September of the Septemb	the following: njury Description: Number of State)
MOTHER FATHER OCCUPAT	9. Industry or b work was SAW MILL 10. Date daceasarthis occupyaar) BIRTHPLACE (city (State or count 13. NAME (1) 14. BIRTHPLACE (State or count 15. MAIDEN NAM 16. BIRTHPLACE (State or count) 16. BIRTHPLACE (State or count) 17. MAIDEN NAM 18. BIRTHPLACE (State or count) 19. MAIDEN NAM 19. 19. MAI	usiness in done, as S, , BANK, e de last wor ation (mor town) ry)  city or to country)  E Id  (city or to country)  E ON, OR R  P Vie	wn) Freder  a C. Go wn) Freder  A C. Bo wn) Freder  Freder  A C. Bo wn) Freder  Freder  Freder  EMOVAL  W Cem.	rick land rick, ryland eavers derick land ick, La	wrence ck, Md. t. 14, 1937	Name of operation	I causes (VIOLENCE) fill in also  Compared to the September of the Septemb	the following injury Public 19. Only and State) in PUBLIC PLACE.

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Example I	1	Example II	
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WEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.—WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	3	
County Heldliges Quils	Registration Dist. No. 131	
Village or City Fellow Springs . Fred. It C	o, No. Rr J. 10 3 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)	d
Length of residence in city or town where deeth occurredyrsmos	ds. How long In U.S. if of foreign birth?mosds	s.
2. FULL NAME Themale Infout Houley Still	If U. S. Veteran, specify WAR M.	
(a) Residence: No. Yellon Spring M	d. St., Ward,	
(Usin I place of ab (12)	If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (6 /2 , 193 7 (Wonth) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from	-
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	m
6. DATE OF BIRTH (month, day, end year) Pit 12 - 1937.	I last sew h allve and 2 2 19 ; death is sai	ld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1000 m.	
∠ ∠ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	_
8. Trade, profession, or perticuler kind of work done, as SPINNER,	Detectioned	-
SAWYER, BOOKKEEPER, etc.	Still tears Octif	Z
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town) Fundamed Co. wd.  (State or country)	Dther Contributory Causes of Importance:	
Ĭ.	7.7	
(State or country)	Name of operation	
	Whet test confirmed diagnosis? Was there en autopsyllo	
15. MAIDEN NAME May C. Mot.  16. BIRTHPLACE (city or town)  (Stete or country)  Mausland.	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT Warren Harley (Address) Fundenik Co. mcl.	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL Brook.  Plece Fellow Slings, Hill Dete 10-13, 1937.	Menner of Injury	
19. UNDERTAKER COMAD Famual Home.  (Address) Fredenik mayland.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 13-Oct, 1937 Iva J. W= Sundy Registrar	(Signed) 2 the M. (Address) Address Address Address M.	D.
If more blanks are needed, address State Registrate	2411 N Charles Street Relimore Remoting 71 S No -	7

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Example I		Example II	
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Chronic interstitial nephritis NOV 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	77 21 2
Gallstones	May 1,1923	Gastroenteritis	1 year
			\

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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RESERVE
MARGIN

V. S. No. 1

1	. PLACE OF DEATH	1.		
	County Thelee	1		Registration Dist. No. 134
	Village or City Holis	lle		No. St., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of rasidenca in city or town whera de-	eth occurred		os ds. How long in U. S. if of foreign birth?yrsmos
2	. FULL NAME I fam	17	auve	
	(a) Residence: No.			St., Ward.
	PERSONAL AND STATISTIC	(Usual place		If nonresident give city or town and State
3.5			RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
V	emale white		ED (write the word)	(Month) (Dey) (Yaer)
pe.	If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended daceased
		-1.0	10 = 7	- 00 9 1937, to OS 9 , 193
_	DATE OF BIRTH (month, day, end year)  AGE Yeers Months	RH 91	If LESS then	I lest sew h a live on Q , 19.3 /; death is
1. /	AGE Yeers Months	Deys	1 day,hrs	to have occurred on the dete stated ebove, etm.  The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
TION	8. Trada, profession, or perticuler kind of work done, es SPINNER,			framatyre.
ATI	SAWYER, BOOKKEEPER, atc			argell moules
CUP	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
Ö	10. Date deceased last worked at this occupetion (month and yeer)	spi	tima (yaars) ent in this cupation	
12.	BIRTHPLACE (city or town)	0	-1	Other Contributory Causes of importance:
2	13. NAME Secretary	40-		
FATHE	2.	and	-ord	Neme of operation Deta of Deta of
-	(State or country)			Whet test confirmed diegnosis? Wes thara an autopsy?
HER	15. MAIDEN NAME English	Rid	nous	23. If deeth wes due to externel ceuses (VIOL ENCE) fill In elso the following:
MOT		sample	and	Accident, suicide, or homicide?, 19
	(State or country)	(1		Where did injury occur? (Specify city or town, county and State)
17.	(Address)	Havy	wist	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	alter Or	ry	Menner of injury
	Plece Forferell	Deta GC	L-10 , 1937	
19.	UNDERTAKER Willhede Sy (Address)	Gree	yes	24. Wes disease or injury in any way releted to occupetion of deceased?
	(Nuuless)			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	- 11	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
21-1A-1 41-6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10915
1. PLACE OF DEATH	
County 7 rederects	Registration Dist. No. 13.5
Village or City Wolfsville	No. St., Ward
WIN C	death occurred in a hospital or institution, give its NAME instead of street and number)
4 1. 1.	ds. How long In U.S. If of foreign birth?yrsmos,ds.
2. FULL NAME Lyana Hays	
(a) Residence: Np. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	COCT 14 ,193 7
56. If married, widowed, or divorced,	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
With I Tays	desig 4 ,1937, to De 14 ,1937
6. DATE OF BIRTH (month, day, and year) 9 - 3 - 8   8 4   7. AGE Years Months Devs   If LESS then	last saw halive on Dec, 1937; deeth is seld
7. AGE Years Months Deys If LESS then 1 dey,hrs.	to have occurred on the dete steted above, et 3 0 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
70 7 // ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Casenoma of
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Jest ( 19/ha
SAW MILL, BANK, etc	1.4.2/
yeer) but would occupation and	Other Compiletory Causes of Importance:
12. BIRTHPLACE (city or town) Walfamille	Julyonary Edens of 13
(Stete or country) maryland	1729
13. NAME Vaul Rline  14. BIRTHPLACE (city or town) Walsville	7 (1/3)
4 14. BIRTHPLACE (city or town) Walls	Name of operation Dete of
(State of country)	Whet test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) YV offenberger	23. If deeth was due to externel causes (VIDLENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town) YV of stille	Accident, suicide, or homicide?
(State or country) Waryland	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Gay 1. Haves	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Smithsleng Md R.I.	
Southern Cemetry go Date Och 16, 1937	Menner of Injury
o waysand	Nature of injury
19. UNDERTAKER CALOSAS TOUS (Address)	24. Was disease or injury In any wey releted to occupation of deceased?
and I am I be all of	If so, specify (Signed).
20. FILED J. C. J. J. S, 1937 Lathermen. Registrar.	(1)
	2411 N. Charles Street, Balimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	315	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	5.	Other contributes of in-	
other contributory causes of importances		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar

			If non	resident give o	ity or town an	d State
	МЕ	DICAL O	CERTIFIC	CATE OF	DEATH	
21.	DATE OF		(Month)		15 15 (Day)	7, 193 (Year)
to h	st saw h Aca have occurred of PRINCIPAL C. e as follows:	alive on the dete ste	eted ebove, at.	ed causes of l	m. mportance	Oata of onset
Nee	er Contributary	Causes of im	portence:		Date of	
	it test confirme					
23. 11	death was due	to external c	auses (VIOLE	NCE) fill in a	iso the following	ng:
Acc	ident, suicide, d	r homicide?		Dete o	of injury	, 19
	ere did Injury o		(Specify	city or town Y, in HOME, o	county and St	ate) LACE,
	nner of injury _	-				
	Ves disease or i				of deceased?	240
	o, specify		w.fc	Ca	46	M. D.

V. S. No. 1

-WRITE PL

m ż mation

16. BIRTHPLACE (city or tow (State or country)

17. INFORMANT.

19. UNDERTAKER.

(Address) 18. BURIAL, CREMATION, OR

Very

TION is

FOR BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 5 1937			-34	
Other contributory causes of importance:	3.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Luc -				

BINDING

FOR

RESERVED

MARGIN

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

w <u>\$</u>	

BINDING FOR RESERVED MARGIN

S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH of infor-1. PLACE OF DEATH should Registration Dist. No. item (If death occurred in a horpital or institution, give its NAME instead of street and number) Every PHYSICIANS How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred. statement PERMANENT RECORD. (a) Residence: No. (Usual place of abode) ff nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE_OF DEATH S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) classified 5a. If married, widowed, or divorced HUSBAND of U I HEREBY CERTIFY, That I attended deceased from (or) WIFE of × dead 6. DATE OF BIRTH (month, day, and year) 1 certificate. properl 7. AGE Years Davs If LESS than to have occurred on the data steted above, et_____ 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were es follows: 8. Trade, profession, or particular kind of work dona, as SPINNER, OCCUPATION Jo SAWYER, BOOKKEEPER, atc. .. back 9. Industry or business in which work was done, as SILK MILL, may plnods SAW MILL, BANK, etc .... 11. Total time (years) 1D. Date deceased last worked at this occupation (month and spent in this that occupation ___ instructions UNFADING OS 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER 13. NAME See (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIDL ENCE) fill in also the following: = Accident, suicide, or homicide?______ Date of Injury_____ 19. 16. BIRTHPLACE (city or town) DEATH (Stata or country) pe Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. should 17. INFORMANT very (Address) OF 18. BURIAL, CREMATION, OR WRITE Manner of Injury S CAUSE Place - Airola mation Nature of injury_____ TION 24. Was disease or injury in any way related to occupation of deceased? 19_UNDERTAKER (Address) If so, specify

Date of enset

	1		
9	-		
Ż	f-mare b	lanks are needed, address State Registrar, 2411 N. Cha	irles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUMBALI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPAL

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

PLACE OF DEATH

V. S. No. 1

County & Gellereck	Registration Dist. No 4
Village or City Brunswick	No. St Ward
(If	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.  If U.S. Veteran specify WAR.
- Land Land Land Land Land Land Land Land	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH //
Fonale W OR DIVORCED I write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 6, 1937	I last saw h. A styr on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc	13.90
work was done, as SILK MILL, SAW MILL, BANK, etc.	tas pelling of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year) year)  occupation	Clerelius
12. BIRTHPLACE (city or town) Bunsuels (State or country)	Other Contributory Causes of Importance:
13. NAME William Keller  14. BIRTHPLACE (city or town) Brussucky  (State or country)	
4 14. BIRTHPLACE (city or town) Wusucky	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Clene Thompson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Clene Inomplow  16. BIRTHPLACE (city or town) Burnarie  (State or country) Md.	Accident, suicide, or homicide? Date of injury
17. INFORMANT. Ma vina Hinking	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMANAL Place and Specific Oate Det. 7, 187	Manner of injury
19. UNOERTAKER . A. Fute & Soul	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Och 7 , 1937 Jun 4. 6. 73 doco	(Signed) Theligen fluory ger w.o.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 3 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	MEST AND THE		
Live .			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

T REC. RD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
IIS	pe	pe	o jo
TE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH				(23)		
CountyF				Registration Dist. No	139	
Village or CityS	tate	Sanato:	rium, Md	No. S  death occurred in a hospital or institution, give its NAME instead of street	t.,Ward	
Length of rasidence In city or to	wn whera daa	th occurred	yrs5. mos	death occurred in a hospital or institution, give its NAME instead of stree	et and number)	
2. FULL NAME Art	hur R	ogers ]	King.	If U. S. Veteran, specify WAR		
(a) Residence: No. Hya	ttsvi	lle,	#5 Wine A	vest. Ward. Prince George Co	Marylar	
PERSONAL AND ST				MEDICAL CERTIFICATE OF DEA		
3. SEX 4. COLOR OR R	ACE 5	SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED.  D (write tha word)	21. DATE OF DEATH Oct. 17 (Month) (Day)	, 193. 7 (Year)	
5a. If marriad, widowed, or divorced HUSBAND of					(1,1-1)	
(or) WIFE of				22. I HEREBY CERTIFY, That I att May 3 ,19 37, to OCt	17, 19.37	
6. DATE OF BIRTH (month, day, and ye	ar) Ju	ly 7	1900	I last saw h_im_ alive onQct_/1719	3.7; daath Is said	
	lonths	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 5.5.5. Rn. M:		
	3	10	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	Date of onset	
8. Trade, profession, or particular kind of work dona, as SPIN SAWYER, BOOKKEEPER, atc	INER, S.	alesma	n.			
kind of work dona, as SPIN SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, atc				Pulmonary Tuberculosis	Nov	
SAW MILL, BANK, atc		11 Total ti	ime (yaars)		1936	
this occupation (month and year)	1937	sper	nt in this 2Yrs			
12. BIRTHPLACE (city or town) (State or country)			ederick,	Other Coutributory Causes of Importance:		
13. NAME Rev		N. Kin				
13. NAME Rev			9	Name of operation none	re of	
(Stata or country)	Ma	ryland	4	Name of operation None Pos Sput Dat What tast confirmed diagnosis X Ray Was the	ra an autopsy? In O	
f5. MAIDEN NAME An		dwards		23. If death was due to external causes (VIOLENCE) fill in also the fo	llowing:	
15. MAIDEN NAME An  16. BIRTHPLACE (city or town)  (Stata or country)		gland		Accident, suicide, or homicida? Date of Injury-		
17. INFORMANT Arthu	r Rog	ers Ki	ng.	Where did injury occur?(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Hyatt  18. BURIAL, CREMATION, OR REMOVA  PlacePrince Free  (Address) Hyatt  (Address) Hyatt	Calve	e, Md. ert Co Spie Unk	Md. nown,19	Mannar of Injury		
(Address) Fred	Etchi	sch &	Son.	24. Was disaase or injury In any way ralated to occupation of dacaase If so, specify		
20. FILED	A	All the same of th	Registrar.	(Address) State San a toriu	mm	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	[3	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	ļ			

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLA

MARGIN RESERVED FOR BINDING

Length of residence i		work.	Corp. (I	Registration Dist. No.   O   No.   O   No.   O   No.   O   St.,  If death occurred in a horpital or institution, give its NAME instead of street and number
	n city or town where o	death occurred		
2. FULL NAME	John li	emai	of King	If U. S. Veteran, specify WAR NONE
(a) Residence, No	7447 W. S	South St	reet	St, Ward.
PERSONAL	AND STATIST	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	DLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH
Male	White	OR DIVORCE	D (write the word)	Oct 13 193
5a. If marriad, widowed, or		O-LIE	10	(Month) (Day) (Y
HUSBAND of (or) WIFE of				22. HEREBY CERTIFY. That I attanded decease
		) = do = 3	4 3003	U et . 13 1937 to Oct. 13 1937; deat
6. DATE OF BIRTH (month 7. AGE Yeers	, day, and year) (	Days	If LESS than	to have occurred on the date stated above, at 9.15-Pm.
		9	1 day,hrs.	
1.6 8. Trade, profession, o		9	ormin.	were ac follows:
9. Industry or busines work was done, SAW MILL, BAN		II. Total t	lima (vears)	automobile accident
O. Date decaasad last this occupation year)  12. BIRTHPLACE (city or to	worked at (month and 10)	/37 spe	ilma (years) nt in this 4 upation	Other Contributory Causes of importance on clab road
12. BIRTHPLACE (city or to (State or country)	wn)Marylar	/37 spe	nt in this	Other Contributory Causes of importance on slab rose hil I by automobile.
12. BIRTHPLACE (city or to (State or country)	wn) Marylar ry C. Kir	/37 spe	nt in this	Riding bissele on slate roses hil of by automobile.
12. BIRTHPLACE (city or to (State or country)  13. NAME Hart  14. BIRTHPLACE (city of the country)	wn)  Marylar  ry C. Kir	/37 spe occ nd ng	nt in this	Riding bissile on slate road hil Sky automobile.  Name of operation X Date of
12. BIRTHPLACE (city or to (State or country)  13. NAME Har  14. BIRTHPLACE (city or country)  City of the city of (State or country)	wn) Marylar ry C. Kir ortown) Mary	/37 spe occ nd ng land	nt in this 4 upation 4	Name of operation X  What test confirmed diagnosis? Symploxic Was there an autopsy
12. BIRTHPLACE (city or to (State or country)  13. NAME Har  14. BIRTHPLACE (city or country)  City of the city of (State or country)	wn)  Marylar  ry C. Kir  ortown)  Mary  Esther M.	/37 spe occ nd ng land	nt in this 4 upation 4	Name of operation Date of What test confirmed diagnosis? Lymple Was there an autopsy  23. If death was due to external causes (VIOL ENCE), fill in also the followings:
12. BIRTHPLACE (city or to (State or country)  13. NAME Hart (State or country)  14. BIRTHPLACE (city or country)	wn)  Marylar  ry C. Kir  ortown)  Esther M.  ortown)	/37 spe nd ng land Stott	nt in this 4 upation 4	Name of operation X  What test confirmed diagnosis? Symploxic Was there an autopsy
12. BIRTHPLACE (city or to (State or country)  13. NAME Harr  14. BIRTHPLACE (city or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or country)  16. BIRTHPLACE (city or country)	worked at month and 10, wn)	/37 specend	nt in this 4 upation 4	Name of operation.  Name of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIOL ENCY, fill m also the following:  Accident, suicide, or homicide?  Where did injury occurred the suicide of the suicide of the suicide occurred to the suicide of the suicide of the suicide occurred to the suicide of th
12. BIRTHPLACE (city or to (State or country)  13. NAME Har (State or country)  14. BIRTHPLACE (city or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or country)  17. INFORMANT Mr (Addrass)	worked at month and 10/wn)  Marylan ry C. Kir or town)  Esther M. or town)  I arylan ry C. Kir or town)  Marylan ry C. Kir or town)	/37 specification of the speci	nt in this 4 upation 4	Name of operation.  Name of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIOL ENC), fill in also the following:  Accident, suicide, or homicide?  Where did injury occur.  Where did injury occur.
12. BIRTHPLACE (city or to (State or country)  13. NAME Har  14. BIRTHPLACE (city or (State or country))  15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country))  17. INFORMANT	worked at month and 10, wn)  Marylar ry C. Kir or town)  Esther M. or town)  Nary  Mary  Harry  Mary	/37 specend	upation 4	Name of operation.  Name of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIOL ENCY, fill m also the following:  Accident, suicide, or homicide?  Where did injury occurred the suicide of the suicide of the suicide occurred to the suicide of the suicide of the suicide occurred to the suicide of th
12. BIRTHPLACE (city or to (State or country)  13. NAME Har (State or country)  14. BIRTHPLACE (city or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or country)  17. INFORMANT Mr (Addrass)	worked at month and 10, wn)  Marylar ry C. Kir or town)  Esther M. or town)  Nary  Mary  Harry  Mary	/37 specification of the speci	upation 4	Name of operation.  Name of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIOLENC), fill in also the following:  Accident, suicide, or homicide?  Where did injury occurred in INPUSTRY in HOME for in PUBLIC PLACE.
12. BIRTHPLACE (city or to (State or country)  13. NAME Har  14. BIRTHPLACE (city or (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country)  17. INFORMANT (Addrass)  18. BURIAL, GREMATION (Place W)  19. UNDERTAKER	worked at month and 10, wn)  Marylar ry C. Kir or town)  Esther M. or town)  Nary  Mary  Harry  Mary	dend  Stott  Land  King  th St. I  Date 10,	upation 4	Name of operation.  Name of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIOLENCE) fill m also the following: Accident, suicide, or homicide?  Where did injury occurred in INPUSTRY in HOME for in PUBLIC PLACE.  Manner of Injury.  Manner of Injury.  Manner of Injury.  Manner of Injury.  Date of  (Specify city or town, county and State)  Specify whether injury occurred in INPUSTRY in HOME for in PUBLIC PLACE.
12. BIRTHPLACE (city or to (State or country)  13. NAME Har  14. BIRTHPLACE (city or (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country)  17. INFORMANT (Addrass)  18. BURIAL, GREMATION (Place W)  19. UNDERTAKER	worked at month and 10, wn).  Marylan ry C. Kir or town).  Marv.  Esther M.  Or town).  Narv.  Harry ( 7 W. South Removes the control of the	dend  Stott  Land  King  th St. I  Date 10,	upation 4	Name of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIOLENCY, fill malso the following: Accident, suicide, or homicide?  Where did injury occurred in INDUSTRY in HOME for in PUBLIC PLACE.  Manner of injury  Nature of injury

S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 4			
1			
Other contributory causes of importance:	- 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

		(131)	
ret	k .	Registration Dist. No. 14/	
na	wiek	NoSt.,Wai	rd
where		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos,d	is.
70	Pack !	If U.S. Veteran specify WAR 220	
1 E	S PA		••
0	(Usual place of abode)	St, Ward.  If nonresident give city or town and State	
TIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
CE	5. SINGLE, MARRIED, WIDOWED OR DEVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)	or on
Me	24 Barker	22. I HEREBY CERTIFY har attended deceased from 1937, to 1937, to 1937	2
nths	Days If LESS than 1 day,hrs.	I last saw house alive on	IId
8	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	et
IER,	h filtes	Themes.	257
() (a	11. Total time (years) spant in this occupation	Other Contributory Caron of Importance:  Ocube Thypochical Caron 3	3.37
home	wyland. Willing wyland.	Name of operation	
-	Date NAV. / ,19 3 7	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury	9 00
ku	md old. 8. Hrdg co. Registrar.	24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed)  (Address)	0.7
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 3 1331	July 5,1927	Peritonitis	3 days ago	
BURRALI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

T RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10923

1. PLACE OF DEATH	(210-2)
County Frederick	Registration Dist. No. 144
	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Victory Benedict 90	nott
(a) Residence: Np. Shurmont (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Uridowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIEE-of Magazel Stim Street	22. I HEREBY CERTIFY That I attended deceased from 1987, to 1987
6. DATE OF BIRTH (month, day, and year) 16 - 1853 7. AGE Years Months Days If LESS than 1 day,hr 0rmin.	to have occurred on the date stated above, at 120 mm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	Shoot from full 1937
12. BIRTHPLACE (city or town) Frederick County (State or country)	Dther Contributory Causes of importances Scheme 1980
13. NAME William Knott  14. BIRTHPLACE (city or town) Frederick County  (State or country)	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT Office of the state	23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
(Address) I formant  18. BURIAL, CREMATION, OR REMOVAL  Place W. G. Carrolley Thurmut Date 100 2 2 1, 1927	Manner of injury South from Africa.  Nature of Injury Sall from Mach
19. UNDERTAKER Millhudu & Christian 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	: 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------------------------------------------	------------	---------	-----	---------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registras

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Chronic interstitial nephritis 4 1927	1921	Run over by street car	1 week ago 3 days ago
Cerebral hemorrhage	July 5,1927	Peritonitis	
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH	(no)
County Tredereck	Registration Dist. No. / 1/4
Village or City Brunsweck	ND. St., Ward
37	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	osds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Dellet A Lineks	If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Tear)
HUSBAND of (or) WIFE of Marie Branella	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, end year) July 19, 1900	I lest saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm.
37 2 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. Switchman	Remiss for train
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	A. J. Ornol. (1)
10. Date deceesed last worked at 11. Total time (years)	a har her
this occupation (month and spant in this occupation	
may and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	No lune
I 13. NAME L. H. Lineka	Scatt CV- 7
I IS. NAME &. II.	
14. BIRTHPLACE (city or town). West Virginia	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIOEN NAME Thutta V. Cooper	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Virginia	Accident, suicide, or homicide? Que Que Of Injury 19 19
State or country)	Where did injury occur?
17. INFORMANT d. H. Lyncks	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Burnewick	
18. BURIAL, CREMATION, OR REMOVAL PIece Brunswick Md. Dote Oct. 5, 1937	Manner of Injury
CH FILE & SAN	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) BALLAR ALLE MAD.	If so, specify
20 1 1 1 1 1 1 1 1 1 1	(Signed) A Evry Y-17 M. D
20. FILED Cor	(Address) Parcents engly 310

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MOV 3 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A CALL	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Frederich	Registration Dist. No. 138
Village or City. Length of residence In city or town where deeth occurred 15 yrs. 4 mos	No. Regar College Scularus St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Heles A. Manghau  (a) Residence: No. Producele Mid.	St,
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fewale White OR DIVORCED (write the word)	/0 - 3 - , 193 7 (Month) (Day) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 6 - 25 - 1849	i lest saw h elive on
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 4. P. m.
88 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Sawyer, BDDKKEEPER, etc.	Date of onset
9. Industry or business in which work wes done, es SILK MILL, Jeesling huses	- 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199. 1. 199.
11. Total time (years) spant in this year)  12. 4  11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Philadelphia Ca (State or country)	Dther Contributory Causes of importance:  Current arturousluratio
	degeneration 1722
14. BIRTHPLACE (city or town) Wilmington Del -	Caremona of left wreeds 1936
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy Was there are a was the autopsy Was the autopsy Was the autopsy Was the autopsy
15. MAIDEN NAME Rearguente Waris  16. BIRTHPLACE (city or town) Ballings Med.  (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?  19
17. INFORMANT Pur C. N. Buson ( rince ).	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambon N. J. Date Oct. 6, 1937	Manner of injury
19. UNDERTAKER Palph m Reed (Address) Striking sum md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / 0 - 3 , 1927 Listian K Falcons Registrar.	(Signed) Large H. Phages M.D. (Address) Jamsoull Med, "

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Rouesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis EIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street can	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
26/11 V. S.		NOV 4 1837	
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registra

(Signed)

(Address)

Date of onset

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 4 1991	July 5,1927	Peritonitis	3 days ago
BURDAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	ħ
Gallstones	May 1,1923	Gastroenteritis	1 year

THER STATEMENTS BY PHYSICIAN
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MARGIN RESERVED

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I. V. E. D.	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



FOR BINDING

MARGIN RESERVED

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	U	6.	13	1.3
- 5	11	4	1	U
- 1	U	V	13	1/

1. PLACE OF DEATH	34
county Frederick	Registration Dist. No. 131
Villago er City Frederick	No. Frederi Exportint Limit ospital Ward
/ (lf	death occurred in a hospital or institution, give it NAME instead of street and number)  9 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
7	
2. FULL NAME Harry Clay Shoen	naker If U. S. Veteran, specify WAR Spanish arrierican
(a) Residence: No. Emm. TS.6 u.r. (Usual place of abode)	A St., Ward. Enutes buy MD,  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DYOREED (rupice the word)	B A 193 7
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yéar)
(or) MITTER Minnie Hartdagen	22.   HEREBY CERTIFY, That   attended deceased from
a local	, 1927., 10
6. DATE OF BIRTH (month, day, and year) May - / - 1874	I last saw h_1.7 alive on, 19.7/; death is said
7. AGE Yoars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et. 6m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
63 6 2 ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Garage Workman SAWYER, BOOKKEEPER, etc.	Contracting Cost
9. Industry or business in which	1637
work was done, as SILK MILL, SAW MILL, BANK, etc	silo tubal marfering
this occupation (month and Sept 3)	Broncho Pumma!
year) occupation occupation	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town)	Lyphilis.
(State or country) Mary Land	
13. NAME Henry Clay Shoemaker  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME alicelleca Poffen burger  16. BIRTHPLACE (city or town) Church Hill  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Church H: 11  (State or country) Maryland	Accident, suicide, or homicide?
	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Mys Thos Shoemalter (Address) 427 So Market St Frederick	Specify whether injury occurred in imposition, in nome, or involute visco.
18. BURIAL, CREMATION, UR REMOVAL	Manner of Injury
Place Emmits burg Male 10-12-1937	Nature of injury
10 HUDGOTANGO SIS LA CALLIAGO	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER  (Address) Annual Share Hild 9	If so, specify
20 FILED 9- Oct 1937 Dears. Wi Curdy	(Signed) P W Dan M. D.
Registrar.	(Address) Fulled 14

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUKLAG			3.1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATH
County Trefereck	Registration Dist. No. / 3/
7 1 6	no. 204 M. Patrick St. W.
	dead occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurredyrsmos	sOnds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME George T.M. Sheep	Head If U. S. Veteran, specify WAR None
(a) Residence: No. 204 m Outries	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CONTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEAT
male Mich molowed	(Nonth) (Day) (Year)
ia. If marriad, widowed, or divorced HUSBAND of Mining. Thus I a	2 HEREBY CERTLEY, That attended dacassed f
(or) WIFE of the profiler	185 100x 12 195
DATE OF BIRTH (month, day, and year) Dec 22-1861	liast sawfine alive on Op X 0 19.20; death is
AGE Years Months Days If LESS than	to have occurred on the data stated above, at fm.
4 1 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	ware as follows:
SAWYER, BOOKKEEPER, etc.	Thursday of
9. Industry or business in which work was dona, as SILK MILL.  SAW MILL, BANK, atc.	d - Might
kind of work dona, as SPINNER  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, atc	Chiny / Myroraus 12
this occupation (month and 3/ spent in this	1.6
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Semile Sterm 9
(State or country)	men
13. NAME Care Thirty Co. 14. BIRTHPLACE (city or town) Baranta (State or country)	1/ /3ran
14. BIRTHPLACE (city or town).	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsystem
15. MAIDEN NAME Parbara Briage  16. BIRTHPLACE (city or town). Bavara  (State or country)	23. if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Savan	Accident, suicide, or homicide?, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Miss alde Hobertol	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frederick Juf.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place During Clark Date 9-11, 193	Natura of Injury
19. UNDERTAKER 6. E. Glace Hon	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) freduct md.	If so, specify
20, FILED/1- Och 1937 Allundy	(Signad)
Registrar.	(Address) Leta Jane 1

V. S. No. 1

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLA

should state of OCCUPA-

7. PHYSICIANS
Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes, of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 4 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY F	Y PHYSICIAN
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V. S. No. 1

14	1042 6
PLACE OF DEATH	STATE OF MARYLAND 32
County Hredenth Mits	GERTIFICATE OF DEATH
The state of the s	CERTIFICATE OF DEATH
The state of the s	Registration Dist. No.
Village or City Halley (No. 1 3% OS	Sall Mark St. Word) (If death occurred in
	a hospital or Institu-
This was the state of the	tion, give its NAME in-
2FULL NAME & CALONDO	my la Warmer
PERSONAL AND STATISTICAL PARTICULARS	January Company
- VA VA	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED.	16 DATE OF DEATH
MILO HALT, WIDOWED. OR DIVORGED	, 192
(Write the word)	(Month) (O.L. (Day) 3/4 (Year) 23
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
OCT 24 1962	192 . to ( 14 to 6 1 to 198 7
(Month) (Day) (Year)	that I last saw h malive on 10 8 cest Gux 3/10233
7 AGE [If LESS than	
day	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follower.
yrs. 0 mos. 7 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	to fame with the
(a) Trade, profession or	
particular kind of work AN James	- mine / wy walker
Tb) General nature of industry	
which employed or (employer)	(Burstion) visds.
9 BIRTHPLACE	Contributory
(State or country). W. Myssrill M	Secondary
10 NAME OF	(Duretion)ds.
FATHER APALL TIME The	(Signed) M. D.
11 BIRTHPLACE	(Address) (Address)
OF FATHER (State or country)  12 Malden Vame	State the Disease Causing Meath or in deaths from
Z (State or country)	Violent Causes, stata (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
V OF MOTHER ()	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a Gusan o acreman	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
H Translation	Former or
(Informant) I letter smely	usual res,dence
mt Cian 7	19 PLACE OF BURIAL OR REMOVAL . DATE OF BURIAL
(Address) 101, uny mg	Reformed Cemetry Maskelon 11/2,193]
15 - 7/12 1 1937 9 WIFC	20 UNDERTAKER ADDRESS
Filed WWW Registra	Thos Bill to my '10
	July 1 out 1 out
ir more planks are needed, addre.s Ltate Kegiktrar	, 16 W. Saratoga St., Balto., Requesting V. S. ho. I.

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided to the latter staurance additional line is provided to the latter staurance and analy when eded. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, at Housemaid, etc. If the occupation has been changed, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Touse work, or At Home, and children, not gainfully ener," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Salcsman, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meninaitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," st.ted unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on is fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Recommendations on statement of cause of death mples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF	DEATH		_	47-C	
County	Freder	ick		Registration Dist. No.	139
	State		(If	ND.  death occurred in a horpital or institution, give its NAME instead of a  6 ds. How long in U.S. If of foreign birth?yrs.	St., Ward treet and number)
2. FULL NAM		Snook		If U. S. Veteran, specify WAR	
(a) Residence		2		St., Ward. Hagerstown, Mar	yland.
PERSONA	L AND STATIST			MEDICAL CERTIFICATE OF DE	
Female	COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marr	RRIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH OCT 19 (Month) (Day)	, 193 7 (Year)
5a. If married, widowed, HUSBAND of (or) WIFE of 6. DATE OF BIRTH (mo 7. AGE Years	Harr	y C. Sn pril 11 Days		22. I HEREBY CERTIFY, That I Sept. 22, 1937, to Oct.  I last saw h. er aliva on Oct. 18  to have occurred on the date stated ebove, at 3.30 mA.	19 , 19 37 19 37; death is said
61	6	8	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of imports were as follows:	Date of onset
SAWYER, BO 9. Industry or bus work was do SAW MILL, 10. Date deceased I this occupat year)  12. BIRTHPLACE (city o (State or country)	k doná, as SPINNER, DOKKEEPER, etc. iness in which one, as SILK MILL, BANK, etc. last worked at ion (monthmant know	n spector hington yland.	time (years) nt in this 40Yrs upation	Bronchogenic  Adeno- Carcinoma  Other Contributory Causes of importance:	1937
(State or co	ity or town)	etown, yland.		Nama of operation none  What test confirmed diagnosischest X-Ray was	
15. MAIDEN NAME  Catherine A. Beamer  16. BIRTHPLACE (city or town) Cayetown, (State or country) Maryland  17. INFORMANT Alice Snook (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md.  Date Unknown				23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Data of injury Where did injury occur? (Specify city or town, count Specify whether Injury occurred in INDUSTRY, In HOME, or in Pt.	y, 19 y and State) BBLIC PLACE.
19. UNDERTAKER(Address) 20. FILED 7/9/3	A.K. Cof Hagersto	fman.	Registrat.	Nature of injury  24. Was disease or injury in eny way related to occupation of decoration of second	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. 'Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAINE AUV. S.				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	URTHER ST	CATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	408
County Feldsless	Registration Dist. No. 154
Village or City Mlar Community	MANO. St., Ward
-/ A //	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
III o Y	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OBLAGE OR DIYORCED (write the word)  Marilal	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND (or) WIFE of Harry R. Signesifes	22. I HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, and year) Fell 23. 1869	Stast saw h 2 alive on Off 5 ,197; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 4-30 P.m.
67 8 12 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Metastasis Ling + Omenhum 1937
12. BIRTHPLACE (city or town) (State or country) Fredrich Co. Mdy  13. NAME Camels W. Tackell	Other Contributory Causes of importance:
13. NAME (and W. Coffeld  14. BIRTHPLACE (city or town)  (State or country) F. L. Luk Co Mdo	Name of operation
15. MAIOEN NAME Mary 6. 7 achsed  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, GREMATION, UR REMOVAL Place Excessibility de Qui 8 ,1937	Manner of Injury
19. UNDERTAKER AND	24. Was disease or Injury In any way related to occupation of deceased? MD  If so, specify  (Signed)  M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis = 195	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV	July 5,1927	Peritonitis	3 days ago	
WALKER TO THE PARTY OF THE PART				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. N. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9:0
County Frederick Milly	Registration Dist. No. 1 3 /
Village or City Frederick Con	No. 506 M. Market St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  A. J. ds. How long in U.S. if of foreign birth?
2. FULL NAME Dais Ludia Pend Stran	Legion If U. S. Veteran, specify WAR_
1/-1/- m m. 11	
(a) Residence: No. 566 (Usual place of abode)	"St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Council of the word of the wor	21. DATE OF DEATH 2 2nd 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Oct 211 1937 to Oct 22 1987
6. DATE OF BIRTH (month, day, and year) Sept 7, 1884	I last saw h & alive on Oct 2 2nd 8PM 1932; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 30 Pm.
53 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	141
kind of work done, as SPINNER, Seams heers SAWYER, BDDKKEEPER, etc  (3, Industry or business in which	acute Myscarditio 1937
(3), Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Juan called mat Use Util
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation / 5	te univation of this case
7 0 . /	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Cutrus Eterosis
" 13. NAME J. W. Strasberger	
13. NAME J. W. Strasberger  14. BIRTHPLACE (city or town) Jelensell	Name of operation Date of Date
(State of country) Many Kared	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Calkering Fat  16. BIRTHPLACE (city or town) Frederick	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mus. Edw. Beneg	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Trellerife Wid.	Manner of injury
Place Tut. Oline ( empate Oct 25, 1937	Nature of injury
10 HUDGOTANTO HE LANG & Cont. Con	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Paint Carry Co. (Address) Frederick Mcd.	If so, specify 1111111 1
man 24-Cert 37 Ameland	(Signed) (Signed) (Signed) (Signed) M. D.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

ate of onset
1 week ago
1 week ago
3 days ago
1 year
1
3

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV A 190			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FURTH	ER STATEMEN	ALS BI	PHYSICIAN

V. S. No. 1

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, Every item of information should be carefully sumplied. AGE should be stated EXACTLY. PHYSICIANS should state

	County 7	edend	(	4	Registration Dist. No.	44
	Village or City	nce In city of town where	death occurred	dge (I	No. St., f death occurred in a horpital or institution, give its NAME instead of street ds. How long In U.S. if of foreign birth? yrs.	and number)
2	(a) Residence		(Usualplace	of abode)	St., Ward.  If nonresident give city or town	and State
	PERSONA	L AND STATIS			MEDICAL CERTIFICATE OF DEAT	
3. S	SEX 7	COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH (Month) (Day)	, 193_2 (Year
5a.	If married, widowed, HUSBAND of	or divorced		0	,,,,,,,,,,,,,,	
	(or) WIFE of				22. 1 HEREBY CERTIFY, That I atter	
	DATE OF BIRTH /		er 10	1937		
	AGE Years	onth, day, and year) (C) Months	Days	If LESS than	to have occurred on the date stated above, atm	, ueam is
	0 71	0 0	0	1 day, Qhrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Date of c
NO	8. Trade, profession kind of wor	n, or particular k done, as SPINNER, DOKKEEPER, etc	now		80.001	
OCCUPATION	9. Industry or bus	iness in which			Jack Work	
3		one, as SILK MILL, BANK, etc				
00		last worked at ion (month and	11. Totel	lime (years) int in this upation		
12.	BIRTHPLACE (city of		us Rei in	9	Other Contributory Causes of importance:	
2	13. NAME ( 8	Fillian	1000	er		
FATHE	14. BIRTHPLACE (c	itu or town)	1		Name of operation Date	
F	(State or co		Mow	u	What test confirmed diagnosis? Was there	
ER	15. MAIDEN NAME	atturine!	Comaine	Troxell	23. If death was due to external causes (VIOLENCE) fill in also the folio	
MOTHER	16. BIRTHPLACE (c	ity or town)		9	Accident, suicide, or homicide? Date of injury	
Σ	(Stete or co		range	nd	Where did injury occur?	
17.	INFORMANT 222	s. Gland	an Troy	cell mid	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) C PLACE.
18.	Place Pocy	N, OR REMOVAL	nen Tolo De	h// ,193.7	Manner of injury	
19.	UNDERTAKER (Address)	H. L. Ga	reage	2 Hon	24. Was disease or injury in any way related to occupation of deceased  If so, specify	7
20	ELLET OFT	1 1937 /	ma MI.	Jores o	(Signed) Malayoff Willen	

111937

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
NOV 3 1937				
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR EUDTHER STATEMENTS BY DUVSICIAN

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	95-2
County Frederick The	Registration Dist. No. 13/
	No. 4 War. St., War. Oleath occurred in a hospital or institution, give its NAME instead of street and number)
	s. How long in U. S. if of foreign birth?
(a) Residence: No. 14 m. 4th	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Colored Colored Colored	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Arianna Walker	22. I HEREBY CERTIFY, That I all all all all all all all all all a
6. DATE OF BIRTH (month, dey, end yeer) Let /2 /855	160 19.37 ; death is sa
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the date steted above, atOX_cose
8. Trede, profession, or perticular kind of work done, as SPINNER Baule. SAWYER, BOOKKEEPER, etc	Organic Heart alisease ?
work wes done, es SILK MILL, SAW MILL, BANK, etc	-
12. BIRTHPLACE (city or town) Tradinical Co.	Other Contributed Causes of Importance:
(State or country)  13. NAME Philips: Walker	Benefit
13. NAME Philips. Walks  14. BIRTHPLACE (city or town) Money. Co.	Name of operation
(State or country)	Whet test confirmed diagnosis? My Moteday for Was there an autopsy?
15. MAIDEN NAME Curicle Grand Constant	23. If death was due to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,  Where did injury occur?, 19
17. INFORMANT forms Naltania Males	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Laborury 3000 Cem. Place Trederick My Date Co. 12 , 19.37	Manner of injury
19. UNDERTAKER G. E. Cliene Home (Address) Frederica med.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12 - Oct, 1937 Ira Ma Cudy Registrat	(Signed) Government M. (Address) Frederick, Mo.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation, 11.—The number of years the deceased followed the occupation.

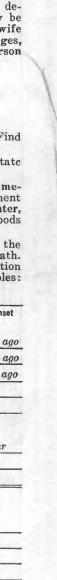
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH .		(2.10-m)	
County Frederick		Registration Dist. No. 13	
Village or City Frederick City	Hospit	alno. The dericle City Hospital	Ward
1 4 6 13 1 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14	(If	death occurred in a hospital or institution, give its NAME instead of street and itds. How long in U.S. if of foreign birth?mrsm	
Length of residence In city or town where deeth occurred	yrsiqus	A TI	03
2. FULL NAME Warner, BA	TY LOW	Shary If U. S. Veteran, specify WAR	
(a) Residence: No. Near Lew19t		St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTIC	T. Charles	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARR.		21. DATE OF DEATH	
Fehale White Sing	(write the word)	(Month) (Day)	, 193 (Weer)
5a, If married, widowed, or divorcad			(1001)
HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY That I attended	deceesed from
Manah II	+h T03T	I last saw h. A.S. aliva on Oct. 8 1927	: daath is said
6. DATE OF BIRTH (month, day, and yaar) March II 7. AGE Yaars   Months   Days	th. 1931	to have occurred on the date stated above, at	., daatii 13 said
6 6 27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trada profession or particular	ormin,	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. At Scho	01	Tracting of loans & Vanch	act
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		of Skul	-
SAW MILL, BANK, etc	ne (vears)	-	-
	tin this		
12. BIRTHPLACE (city or town) Lewistown.		Other Centributary Causes of importance:	
(Stata or country) Md		Harley Ch. Jenne	
13. NAME Clarence W. Warner			
13. NAME Clarence W. Warner 14. BIRTHPLACE (city or town) Emmitsburg.		Name of operation Date of	
(State or country)	MD	What test confirmed diagnosis? Classes Col. Was there en	eutopsy?
15. MAIOEN NAME Mary Martz		23. If daath was dua to axtarnal causes (VIOL ENCE) fill in elso the following	g: _
5 16. BIRTHPLACE (city or town) Lewistown.		Accident, suicida, or homicide? Court Date of injury	. 0, 19 3 7
Stata or country)	Md	Where did injury occur? (Specify dty or town, county and Sta	/AC
17. INFORMANT Clarence W. Warner		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
(Address) I.ewistown MD  18. BURIAL, CREMATION, OR REMOVAL		Si-100	
PleceFrederick, Mt. Olbwet Oc	t.II 19 37	Manner of Injury Market A Start	
		Tractica of mijory	Ro
19. UNDERTAKER M. L. Greager & Chaddrass) Thurmont	Son.	24. Wes disease or injury In any wey releted to occupation of deceased?	
0 0 + 1 1 m - 6	1	(Signed) A. Auto Ceary	M. D.
20. FILED 7 - Wel , 1937 tha P. 14-1	may	(Address) Feederic I	2d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis 101 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURFAU V. S.			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			48	
County Frederick			Registration Dist. No. 147	_
Village or City Thurmo	i.		No. St,  f death occurred in a hospital or institution, give its NAME instead of street and numb  s. ds. How long in U.S. If of foreign birth? yrs. mos.	
LUCRETI	A			05.
2. FULL NAME LUTRECT	early seed to the seed	WARNER	If U. S. Veteran, specify WAR NO.	
(a) Residence: No.	Urmont (Usual place	of abode)	St., Ward.  If nonresident give city or town and State	e
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH October IIth. (Day)	3. 7 (Year)
5a. If married, widowed, or diversed HUSBANO of (or) WIFE of Lesl1e	T. Warne	er	22. SHEREBY CERTIFY That I attended decar	ased from
6. DATE OF BIRTH (month, day, and year) A	ugust 23	1879	0-1-84	ath is said
7. AGE Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 4. A. m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ite of onset
12. BIRTHPLACE (city or town) WOO (State or country) MQ	Own hou 35   11, Total ti sper occu		Other Centribatery Canses of importance:	73.4
13. NAME David Hav  14. BIRTHPLACE (city or town) (State or country)	odsboro.	(d.	Name of operation Rales PX Date of 19.  What tast confirmed diagnosis?	35 × 87
15. MAIDEN NAME Anna L.  16. BIRTHPLACE (city or town)		,	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Data of injury  Where did injury occur?	
17. INFORMANT JOSEPHINE (Addross) Thurmont 18. BURIAL, CREMATION, OR REMOVAL		TZ 3.7	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury	
(Address) Thurmo	Creager &	Son.  Son.  Registrar.	Nature of Injury  24. Was disease or Injury in any way related to occupation of doceased?  If so, specify  (Signady  (Address)	D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 10941
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 145
Village or City NV. MyErsville	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 6_1_yrs 4mos.	des. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Many alice	Waters
(a) Residence: No. M. My Supplemental (Data) place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH Q 2 1937 (lear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) march 28, 1876	193.7   193.7   193.7   193.7   193.7   193.7   193.7   193.7   193.7   194.5   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.7   195.
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
61 6 7 ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Housekeeper SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Arental Homes SAW MILL, BANK, etc.	Rente Cardrae Willstrom Get
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) My myerorise.  (State or country) md.	Other Contributory Causes of importance:
13. NAME James Kinng Waters	30/3
13. NAME ames Jung Waters  14. BIRTHPLACE (city or town) My Ensyelle  (State or country) Ma	Name of operation
15. MAIDEN NAME Jasses Ellen Leathorns	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jaung Clen Teatherma 16. BIRTHPLACE (city or town) W. Middletown	Accident, suicide, or homicide?
17. INFORMANT Wm L. Waters  (Address) muleupille md R.R. #1	Specify whether in Ory occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Gregorickles Complianate 10/5,1937	Manner of Injury
19. UNDERTAKER J. J. Hos Alle & Son	24. Was disease or injury in eny way related to occupation of deceased? Z
20 FILED Och 5 1937 William & Woehter	(Signed) (Signed) M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis 9 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10942
1. PLACE OF DEATH	<u> </u>
County Frederick	Registration Dist. No. 13
Village or City Frederick	No. Hood College Infirmaryt. Ward
Langth of residence In city or town where death occurredyrs,	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
O Pall a broad in city of town where death occurred	If U. S. Veteran, specify WAR
~ 1 . A U. A A	
(a) Residence: No. Haddonfield (Usual place of abode)	St., Ward. Haddonfield N.J. V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 3 7
remare   White   Single	(Month) (Oay) (Year)
ia. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. PIHEREBY CERTIFY That I ettanded daceased from
(or) WIFE of	22. Of AEREBY CERTIFICATION Of Control of Control of Control of Certification of Certificat
5. DATE OF BIRTH (month, day, and yeer) Sept. 22. 1918	I lest saw h er elive on Och 3 1937: daath is said
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at \( \frac{1}{2} \)_m.
19 0 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importanca were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, Student	Cornery homfores 1 hr
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceasad last worked at 11. Total time (years)	
this occupation (month and 10/2/37 spent in this 14ds	
12. BIRTHPLACE (city or town) Haddonfield N. J.	Other Contributory Causes of Importance:
(State or country)	
13. NAME F. Victor Westermaier	
14. BIRTHPLACE (city or town) Phila,	Neme of operation Dete of
(State or country) Penna	What tast confirmed diagnosis? Class Tel Wes there en eutopsy?
15. MAIDEN NAME Arlena Hart	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Rancocos	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
IT. INFORMANT F. Victor Westermaier (Address) Haddonfield. N. J	Specify whethar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Haddonfield, N.J. 18. BURIAL, OREMATION, OR REMOVAL	Manner of Injury
Place Haddonfield N. Data. Oct, 6, 19 37	Nature of Injury
19 UNDERTAKER M.R. E ^T chison & Son	24. Was disease or injury in any wey raleted to occupation of deceased? No
19. UNDERTAKER Rone E-chison & Son (Addrass) - Frederick Md.	If so, spacify
20 EUE 3- Oct 1037 Ina 9 ME Curly	(Signed) . Center Tears N. D.
Registrar.	(Address) Tulouis Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIA
----------------------------------------------------	------------	-------	-----	---------	-------------------	----	----------

1. PLACE OF DEATH .	A Committee of the Comm	92:0	
County of redence	15	Registration Dist. No	7.4
Village or City /Coe	1 y Keegl	NoSt.,	Ward
Length of residence in city or town w		(If death occurred in a horpital or institution, give its NAME instead of street are los. How long in U.S. if of foreign birth?yrs	nd number)
2. FULL NAME FULL	of family	1 No Trol	-11103
	o grace a	n xeye	, 2 *
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town a	and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 7 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write tha word)	21. DATE OF DEATH OF. 16 (Month) (Day)	
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Javine	f Wilgel	22. I HEREBY CERTIFY, That I attend Sys 23, 1932, to Oct	
6. DATE OF BIRTH (month, day, and year)	mender 21,18?	I last saw har alive on Q 1 1 9 ,193	_
7. AGE Years Month		to have occurred on the date stated above, at 7,20 m.	
66	2 25 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER	of marinall	- Pa	Date of dusef
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc	, 9000	Chance endo cardetis	1980
work was done, as SILK MILL, SAW MILL, BANK, etc		- D	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation month and year)	11. Total time (years) spent in this occupation	; cellial eculousus	1937
		Othar Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	nulas		
13. NAME Plias F	1/20000		
	0		
(State or country)	mand land	Name of operation Date of	
15. MAIDEN NAME Main	is al alange	What test confirmed diagnosis? Was there a	
	a confer	23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	marland	Accident, suicide, or homicide? Data of injury Whara did Injury occur?	, 19
17. INFORMANT Fleryd	Wilgel	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	otate) PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	sy me gosul	+	
Place Rockey Red	ge Date Och 20 193	Manner of injury	
12 mag	010	nature of injury	2
19. UNDERTAKER If wellhed	Ly Orengod	24. Was disease or injury in any way related to occupation of deceased?_	no
(Address)	Jan Jan J	If so, specify	F
20. FILED Cel. 18 , 19.37 (	issue M. Jouls	(Signed) (Marcot Colley)	)M. D.
CENTRAL STREET AND STREET	// Registrar.	(Address) Description	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HRIPE II V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DE	ATH			47.70	
County	Freder	ick,		Registration Dist. No. 139	
Village or City			(lf	No. St., death occurred in a hospital or institution, give its NAME instead of street and a	umber)
2. FULL NAME	Marv	R. Wevb:	right.	If U. S. Veteran, specify WAR	
(a) Residence: No.				OTSt., CO. Ward. Maryland.  If nonresident give city or town and	State
PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	White	s. single, mar or divorcei Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Oct. 13 (Month) (Day)	, 193
5e. If married, widowed, or d HUSBANO of (or) WIFE of	vorced			22. I HEREBY CERTIFY, That I attended Sept. 11 ,19 37 to Oct 1	deceased from 3, 19 37
6. DATE OF BIRTH (month, 7. AGE Years 56	Months 9	ec. 16 Days 27	1880 If LESS than 1 day,hrs. ormin.	I last saw h_er alive onQct13, 19_37.  to have occurred on the date stated above, at _2_20_nP . M .  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
s kind of work doi SAWYER, BOOKH 9. Industry or business work was done, SAW MILL, BAN 10. Oate deceased lest this occupation ( year)	es SILK MILL, K, etc	Matron  11. Total ti sper	ma (yeers) nt in this 3Yrs	Bronchogenic Carcinoma.	Jan. 1937
12. BIRTHPLACE (city or tow (State or country)	m)	Carroll Marylan	, Co,	Other Contributory Causes of Importance:  With Metastesis to Pleura	
13. NAME	Samuel	Weybri	ght	Lungs and Liver	
14. BIRTHPLACE (city or (State or country		tour, ryland:		Name of operation	
15. MAIDEN NAME  16. BIRTHPLACE (city of (State or country))  17. INFORMANT	town)Ne	A. Snad w Winds ryland.	or,	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	, 19
(Address) F 18. BURIAL, CREMATION, OR Place ROCKY	REMPWALED er	o, Md.		Manner of injury	
19. UNDERTAKER (Address) 20. FILED ZOLDZ		ss & So	n	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed) Stewart S - Maffe  (Address Mark 2) CALLA (1702)	no M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis NOV 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 144
Village or City Thursonh	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dessue Whee M	pelmore.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE. MARRIED, WIDOWED	
OR DIVORCED (write the word	
/ Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced  HUSEAND -1.  (or) WIFE of	22. J HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Charles Mulmues	Jept- 19" , 19 87 10 Oct- 20 , 1937
6. DATE OF BIRTH (month, day, and year)	7 I last saw h alive on Quel-20, 1997; death is said
7. AGE Years Months Days If LESS tha	
60 2 28 1 day, or min.	The PAINCH AE CAUSE OF DEATH and tested causes of importance
9 Trade profession or particular	Were as rollows. Cardiac Thrombons Jolist
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hegherlension
Notes that the second of the s	
10. Date deceased last worked at this occupation (month end year)	
2	Other Captributory Causes of importance:
12. BIRTHPLACE (city or town) May Law (State or country)	posses // seesas
13, NAME (1/2 Branch	14
E COMPTE STATE	Name of operation 1 Date of
14. BIRTHPLACE (city or town)   Language (State or country)	What test confirmed diagnosis? We was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Ella Consumad	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
- Charle he't	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT CADDRAG PROGRAMMENT (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Reality Ledge Date Och 23, 19	3-7 Nature of injury
21212121818	24. Was disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER ALLANDON CORRELATION	If so, specify
Oct 13 27 / M/ 1200	(Signed Morris a Bruly M.D.
20. FILED Company 1931 White Mr. Grant Registrat	

PHYSICIANS should state Exact statement of OCCUPA-

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

stated EXACTLY properly classified.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	- indee	Example II		
The principal cause of of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MON 3 1931	July 5,1927	Peritonitis	3 days ago	
	(1) 13. (1 V. S.				
Other contributory ca	uses of importance:	t	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.-WRITE PLA

V. S. No. 1

1. PLACE	OF DEATH				
County_	Frederick			Registration Dist. No. 130	2
	residence in city or town wher	a death occurred	(If	No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and to the death occurred. St. How long in U.S. If of foreign birth? yrs. me	Ward
2. FULL 8	NAME John Har	ry Young		If U. S. Veteran, specify WAR	
(a) Resi	dence: No. Doub,	IId.		St, Ward.  If nonresident give city or town and	
PERS	ONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	DAME .
male	4. COLOR OR RACE	S SINGLE MAR	RRIED, WIDOWED,	21. DATE OF DEATH Oct. 3rd., (Month) (Day)	, 193 (Year)
(or) WIFE o	Blanche Le			22. I HEREBY CERTIFY, That I attended	, 19
7. AGE	TH (month, day, end year)  Years Months 51 9  rofession, or particular	Days 28	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, at llm.  The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:	_; death is sai
9. Industry work SAW 10. Date det	rofession, or particular of work dona, as SPINNER, I YER, BODKKEEPER, etcor business in which was dona, as SILK MILL, BomilL, BANK, etceased last worked et locupation (month end	& O. R.R.	time (years) 20	Homicide by gerearms	10/3/3
	(city or town) red	Co.,		Othar Contributory Causes of Importance:	
13. NAME	Hillery You	ng			
. 1	ACE (city or town) Fred to or country)	. Co.		Name of operation Dete of What test confirmed diagnosis? Quile pay Was there an a	1.0
16. BIRTHPL	NAME Fannie R ACE (city or town) Fr te or country) Md	ed. Co.,		23. If death was due to external causes (VIO ENCE) fill in also the following Accident, suicide, or homicides Harman Date of Injury Occur?	3,19.27 les, nia
(Address	Blanche Lee Doub, Md			(Specify city or town, county and State Specify whether injury occurred in NDUSTRY, In HDME, or In PUBLIC PL	
	mation, dr rémoval Cot. of Rocks.	Man 10/	6 , ₁₉ 37	Manner of Injury June hat want in than	
19. UNDERTAKE (Address			on	24. Was disease or injury in any way related to occupation of deceased?	)0
20. FILED	10007	for	1 Celer	(Signed) (Address) Buckleyslaum	Sug"

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		150	3>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN